

spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/27/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Penicillin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. Pt fell backwards 4 days ago. Now is dizzy, room spinning, loss of balance, headache, syncope.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; 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 CT BRAIN, HEAD		r/o tumor or ca;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2017; There has been treatment or conservative therapy.; neck pain w/pain upper limb; ha; difficulty speaking; medication for pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	5

Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	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
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, 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
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	involved in a fight recently;; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Pt has recurrent episodes of sinus problems.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2

Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is 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 Unknown; This study is 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 10, 2017; There has been treatment or conservative therapy.; Pain in both ears; Ear fullness; Chronic ear infection; Chronic sinus problem; Headaches; Neck pain; Sinus pressure; Sneezing; Sore throat ; Shortness of breath; Swollen lymph nodes; Decadron injection; Prescribed Mucinex; Prescribed Flonase; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Migraines and reoccurring sinus infection; Antibiotics and seen by an ENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/27/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Penicillin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2017; There has not been any treatment or conservative therapy.; Dysphagia, sore throat, abcess; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	3

Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70540 MRI ORBIT/FACE/NECK W/O DYE	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 10, 2017; There has been treatment or conservative therapy.; Pain in both ears; Ear fullness; Chronic ear infection; Chronic sinus problem; Headaches; Neck pain; Sinus pressure; Sneezing; Sore throat ; Shortness of breath; Swollen lymph nodes; Decadron injection; Prescribed Mucinex; Prescribed Flonase; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	blurred vision, headache on R side, pain MED no 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
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Having Blurred vision, Dizziness, urinary frequency, vision changes. Photophobia.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	history of strokes and aneurysms; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none given.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Headaches numbness and tingling of arms back pain blurred vision agitation; Pt has been given blood pressure medications to see if that is what is causing pt.'s headaches. Even when her blood pressure is under control the pt still is suffering from migraines. Pt also has been given muscle relaxers and pain medication for both her; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Recent seizure causing neurologic SX's; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Since accident has had HA's, blurred vision, memory changes-forgetting things and can only remember flashes of his accident. Will forward clinical once note signed. MRI needed for eval.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	10
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	4
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	2
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	"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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2

Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	. Enlarged aorta; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	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	9
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	CT Chest 08/24/2017 This is a follow up; 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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	'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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	study of the previously approved abdomen and pelvis showed retroperitoneal lymph nodes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	This is a request for a Thorax (Chest) CT.; Coughing up blood (hemoptysis) describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 10/19/2017; There has not been any treatment or conservative therapy.; Coughing, HZ of tuberculosis, HX of cocaine abuse, tobacco use disorder, high blood pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	4
Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.	1
Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	5
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<none; This study is being ordered for trauma or injury.; 11-7-2017; There has been treatment or conservative therapy.; Numbness and tingling in arms, with pain, paratarisis of the skin, pain in left arm and neck, degenerative disc disease and spurring, left hand weakness with difficulty making fists in the hand; Meds, Treatment and xray that indicate he needs MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. None; This study is being ordered for trauma or injury.; 10/04/2017; There has been treatment or conservative therapy.; Left neck pain and should pain. Low back pain; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	8
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	2
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt has been having frequent headaches and chest pains. Pt demonstrates cervical radiculopathy. tingling and numbness from his lateral aspect of left elbow radiates to 4,5th fingertips.; 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
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 09/29/20107; There has been treatment or conservative therapy.; Pain in the neck, upper and low back pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<none; This study is being ordered for trauma or injury.; 11-7-2017; There has been treatment or conservative therapy.; Numbness and tingling in arms, with pain, paratarisis of the skin, pain in left arm and neck, degenerative disc disease and spurring, left hand weakness with difficulty making fists in the hand; Meds, Treatment and xray that indicate he needs MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 1998 2001; There has been treatment or conservative therapy.; lower back pain that is radiating down Left Leg Radiculopathy lumbar regon  pain in thoracic spine Muscle spams in back; Zanaflex(TIZANidine HCl) 4 MG Capsule 1 capsule as needed Orally Three times a day Gabapentin 300 MG Capsule 1 capsule Orally Once a day at bedtime  Robaxin Meloxicam Physical Therapy x6weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pain is 10/10- positive findings on xrays taken 12/11/2017; This study is being ordered for a neurological disorder.; 12/11/2017; It is not known if there has been any treatment or conservative therapy.; Multiple vertebrae fractures and disc degeneration; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	pt is needing mri of Lumbar and thoracic spines.. pt has a diagnosis of lumbar spina bifida. Need additional testing to monitor it; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 09/29/20107; There has been treatment or conservative therapy.; Pain in the neck, upper and low back pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	worst shooting pain and numbness to legs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 1998 2001; There has been treatment or conservative therapy.; lower back pain that is radiating down Left Leg Radiculopathy lumbar region  pain in thoracic spine Muscle spasms in back; Zanaflex(TIZANidine HCl) 4 MG Capsule 1 capsule as needed Orally Three times a day Gabapentin 300 MG Capsule 1 capsule Orally Once a day at bedtime  Robaxin Meloxicam Physical Therapy x6weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt is needing mri of Lumbar and thoracic spines.. pt has a diagnosis of lumbar spina bifida. Need additional testing to monitor it; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	26

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	13
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) unknown; This study is being ordered for trauma or injury.; 09/29/20107; There has been treatment or conservative therapy.; Pain in the neck, upper and low back pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	9
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	worst shooting pain and numbness to legs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST	Other symptoms and signs involving the musculoskeletal system; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Advanced Practice Registered Nurse	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
Advanced Practice Registered Nurse	Approval	73200 CT ARM OR UPPER EXTREMITY	There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	2
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< 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

Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Shoulder pain	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	9
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	2
Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	CHRONIC OPEN WOUND ON BOTTOM ON FOOT; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient has an ulcer for 2 months, tried different treatments. Md is trying to r/o osteomyelitis.; This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	3
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Redness	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.	1

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The patient had recent plain films of the knee.; The plain films were normal.; The plain films were normal.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	2
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	3
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1

Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for 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
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	3
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 10/19/2017; There has not been any treatment or conservative therapy.; Coughing, HZ of tuberculosis, HX of cocaine abuse, tobacco use disorder, high blood pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	CT-Upper quad pain radiating to back; had surgery to remove breast.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Enter answer here - or Type In Unknown If No Info Givenpatient seen for pain in epigastric and suprapubic areas also having some nausea.; This is a request for an abdomen-pelvis 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
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	She is having recurring right flank and pelvic pain. She has known kidney stones and has hematuria 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.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	study of the previously approved abdomen and pelvis showed retroperitoneal lymph nodes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not know if this study is being requested for abdominal and/or pelvic pain.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	3
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	3
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	3
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being 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	7
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; 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	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1
Advanced Practice Registered Nurse	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Having abdominal pain. She had and abnormal CT of the abdomen. The results were a 4 x 5 cm enhancing mass in the liver. This could relate to focal nodular hyperplasia. This does not have typical hemangioma features. MRI with dynamic imaging recommended.	1
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Advanced Practice Registered Nurse	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Advanced Practice Registered Nurse	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Advanced Practice Registered Nurse	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1
Advanced Practice Registered Nurse	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1
Advanced Practice Registered Nurse	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
Advanced Practice Registered Nurse	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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	G0297 Low dose CT scan (LDCT) for lung cancer screening	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Low Dose CT for Lung Cancer Screening.; 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.	2

Advanced Practice Registered Nurse	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	2
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2017; There has not been any treatment or conservative therapy.; Dysphagia, sore throat, abcess; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology She has severe sudden headaches. Cause dizziness, pain, blurred vision.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	She states that she continues to have headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	2
Advanced Practice Registered Nurse	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Migraines and reoccurring sinus infection; Antibiotics and seen by an ENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 06/2017; There has been treatment or conservative therapy.; weakness, numbness, tingling,; medication via 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
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is 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
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O concussion or injury to neck; This study is being ordered for trauma or injury.; 10/03/2017; There has been treatment or conservative therapy.; headache, nausea, neck pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 06/2017; There has been treatment or conservative therapy.; weakness, numbness, tingling,; medication via 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

Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; There is 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
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2017; There has not been any treatment or conservative therapy.; Patient has a cough 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
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 months ago.; There has been treatment or conservative therapy.; ; lab tests, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	superior mediastinal mass to evaluate; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT Unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2017; There has been treatment or conservative therapy.; pain in shoulder and neck w/muscle spasms; heating pads, naproxen, tramadol, 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
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	has joint pain, numbness, loss of balance, tenderness and tingling; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Advanced Practice Registered Nurse	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient had MRI in September want to f/u 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
Advanced Practice Registered Nurse	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; With in the last week; There has not been any treatment or conservative therapy.; Numbness and tingling to both extremities. Pain in lower back which radiates into right hip and left leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; With in the last week; There has not been any treatment or conservative therapy.; Numbness and tingling to both extremities. Pain in lower back which radiates into right hip and left leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; It is not known if there has been any treatment or conservative therapy.; MBR has pain in back and neck numbness legs and fingers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the 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.; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; June 2017; There has been treatment or conservative therapy.; neck and low back pain; Naproxen 220mg 1tablet every 12 hours, Soma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abn xray osteo fib in cervical spine; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. Genral Examination neck: tenderness posterior neck pain with flexion , Back Perilumbar tenderness; This study is being ordered for trauma or injury.; Her main complaint today is neck and lower back pain x over 1 year, she reports pain originates from an ATV accident last year, then was involved in MVA in June of this year that she reports aggravated the injury, reports previous PCP had prescribed her S; There has been treatment or conservative therapy.; Neck and lower back pain x over 1 year; rx for soma  OTC BC fast 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
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; unknown	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none given.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Headaches numbness and tingling of arms back pain blurred vision agitation; Pt has been given blood pressure medications to see if that is what is causing pt.'s headaches. Even when her blood pressure is under control the pt still is suffering from migraines. Pt also has been given muscle relaxers and pain medication for both her; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had abnormal 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.; The physician has not directed conservative treatment for the past 6 weeks.	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has difficulty move moving right shoulder and hand.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right should, upper back, low bavck; The Pt has had medication therapy, excercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O concussion or injury to neck; This study is being ordered for trauma or injury.; 10/03/2017; There has been treatment or conservative therapy.; headache, nausea, neck pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o tumor or ca;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2017; There has been treatment or conservative therapy.; neck pain w/pain upper limb; ha; difficulty speaking; medication for pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; x ray showed mild spondylosis	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; UNKNOWN	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; &Enter Additional Clinical Information>; No, the patient does not have new or changing neurological signs or symptoms.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	xrays were normal; no fracture;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has been treatment or conservative therapy.; neck pain; lower back pain radiates down left side; soft collar for neck; HEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs & 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 recent evidence of a thoracic spine fracture.	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Low back pain	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; <Enter Additional Clinical Information>; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness, in feet & 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
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; STENTHENING EXERCISES AND NO NEW RESULTS FOR 6 WEEKS	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; It is not known if there has been any treatment or conservative therapy.; MBR has pain in back and neck numbness legs and fingers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 53y/o male presents for f/u on low back pain, he reports no relief of pain with the Tramadol, also c/o that it makes him itch. He reports he "feels grinding" in his low back with certain movements, pain is chronic and severe at times, radiates down both l; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.;	2
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; 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
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; June 2017; There has been treatment or conservative therapy.; neck and low back pain; Naproxen 220mg 1tablet every 12 hours,&#xOD; Soma,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate Chronic Back Pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; Over the counter	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	fail physical therapy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Genral Examination neck: tenderness posterior neck pain with flexion , Back Perilumbar tenderness; This study is being ordered for trauma or injury.; Her main complaint today is neck and lower back pain x over 1 year, she reports pain originates from an ATV accident last year, then was involved in MVA in June of this year that she reports aggravated the injury, reports previous PCP had prescribed her S; There has been treatment or conservative therapy.; Neck and lower back pain x over 1 year; rx for soma &#xOD; OTC BC fast 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
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for trauma or injury.; 10/04/2017; There has been treatment or conservative therapy.; Left neck pain and should pain. Low back pain; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain is 10/10- positive findings on xrays taken 12/11/2017; This study is being ordered for a neurological disorder.; 12/11/2017; It is not known if there has been any treatment or conservative therapy.; Multiple vertebrae fractures and disc degeneration; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had an abnormal MRI, hx of torn sciatica nerve and severe pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is currently attending physical therapy at NEA and has so far completed 4 weeks of therapy. Patient is still scheduled for upcoming weeks to continue. Pt is also taking tramadol 50 mg 1 tab TID PRN and naproxen 500 mg q 6h PRN for pain. Patient st; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has difficulty move moving right shoulder and hand.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right should, upper back, low bavck; The Pt has had medication therapy, excercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt to clinic 11/15/17 with c/o Lower back and hip pain, burning, numbness. pt states that pain is constant and the pain is 8 on scale of 0-10. pt states duration is 1-2 months. steroid injections given pt R/t clinic 12/5 with worsen pain Tramadol HCl T; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe lower back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; she doesn't have pressure to push.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/02/2017; There has been treatment or conservative therapy.; pain; steroids , anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will FAX; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does 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	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; No info given.	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pain noted for one month, crepitus noted.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The Pt had x-ray, showed pt has calcification of tip of Fibia. Fibula broken at ankle as well; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Advanced Practice Registered Nurse	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Advanced Practice Registered Nurse	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/02/2017; There has been treatment or conservative therapy.; pain; steroids , anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Advanced Practice Registered Nurse	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 months ago.; There has been treatment or conservative therapy.; ; lab tests, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	2
Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	upper quadrant 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
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Elevated liver enzymes; 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is jaundice and had abnormal creatin and bilirubin levels.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	r/o hernia, pre surgical planning; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	R/o 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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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

Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt suffers with an infection and/or blockage.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Screening for the patient due to patient being overweight; This is a request for a CT scan for evaluation of coronary calcification.	1

Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Advanced Practice Registered Nurse	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Advanced Practice Registered Nurse	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Advanced Practice Registered Nurse	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1
Advanced Practice Registered Nurse	Disapproval	G0297 Low dose CT scan (LDCT) 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.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	Approval	71250 CT CHEST, THORAX		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

Allergy & Immunology	Approval	74181 MRI ABDOMEN 70486 CT SINUS, FACE,JAW,MANDIBLE,MA		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Allergy & Immunology	Disapproval	XILLOFACIAL NO CONTRAST 70486 CT SINUS, FACE,JAW,MANDIBLE,MA	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	Disapproval	XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Allergy & Immunology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	It is difficult to determine underlying etiology of cough at this time. Differential includes GERD, bacterial infection, mycobacterial infection, poorly controlled asthma or bronchiectasis. In addition to stepping up her asthma CT chest to evaluate for b; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Ambulatory/Walk-in Clinic	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) The patient is diabetic.; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient is less than 45 years old.	1
Ambulatory/Walk-in Clinic	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study			1
Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. > It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK			2
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK		This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1

Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	5
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	3
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		7
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left arm and fingers and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. ; This study is being ordered for a neurological disorder. ; ; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info GivThe patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for Greater than 1 year. She reports onset of pain gradually over time wi ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/2013; There has been treatment or conservative therapy.; numbness tingling; 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
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Current Medication gabapentin 100 mg capsule 1 tab TID for 30 Days , Prescribe 90 Tablet, Refills 1 magnesium oxide 400 mg capsule 1 Every night at bedtime, Prescribe 30 Capsule, Refills 5 clonazepam 1mg by mouth 2-4 times daily Neurontin 300 mg capsu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/2015; There has been treatment or conservative therapy.; Complain of severe pain nonresponding to conservative therapy (include bed rest, activity modifications, NSAIDs and opioid medication therapy.The patient describes the pattern of pain as constant with intermittent flare ups. He describes the quality of ; Professional caregivers seen in the past for pain include Primary Care Physician, Pain Medicine Physician and Orthopedist. The following tests have been done in the past to evaluate pain condition : X-Rays and MRI Scan, CAT Scan and EMG Test . He has tr; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Lumbar pain and weakness in extremities.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. MRI of the LUMBAR, CERVICAL AND LEFT SHOULDER to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2014; There has been treatment or conservative therapy.; Pain in the neck, left shoulder, and lower back. WORSENING BACK, SHOULDER AND NECK PAIN. Reports muscle pain, muscle cramp, muscle twitches, muscle wasting, muscle weakness, muscle pain or tenderness, loss of muscle bulk, neck pain, shoulder pain, back pa; Patient has tried braces, physical therapy, 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
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She continues with severe headaches up the back of her head as well as numbness and tingling down both arms to fingertips. CESI and rhizotomy had helped in the past, but she is so frazzle right now that she feels her headache pain is debilitating. Imagi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	3
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	11
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	2
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	13
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	22
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1973; There has been treatment or conservative therapy.; neck back pain; meds physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NECK BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; 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
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Current Medication gabapentin 100 mg capsule 1 tab TID for 30 Days , Prescribe 90 Tablet, Refills 1 magnesium oxide 400 mg capsule 1 Every night at bedtime, Prescribe 30 Capsule, Refills 5 clonazepam 1mg by mouth 2-4 times daily Neurontin 300 mg capsu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/2015; There has been treatment or conservative therapy.; Complain of severe pain nonresponding to conservative therapy (include bed rest, activity modifications, NSAIDs and opioid medication therapy.The patient describes the pattern of pain as constant with intermittent flare ups. He describes the quality of ; Professional caregivers seen in the past for pain include Primary Care Physician, Pain Medicine Physician and Orthopedist. The following tests have been done in the past to evaluate pain condition : X-Rays and MRI Scan, CAT Scan and EMG Test . He has tr; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; <Enter Additional Clinical Information>	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	3
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	7

Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NECK BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		7
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; right hip pain , tenderness; physical therapy...medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She is unfortunately is reporting increased left sided low back pain since the procedure that is fairly non-specific in nature, and without any concerning motor or sensory changes or systemic symptoms. It appears that a large portion of her left lumbar pa; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.;; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info GivThe patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for Greater than 1 year. She reports onset of pain gradually over time wi; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/2013; There has been treatment or conservative therapy.; numbness tingling; 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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	43-year-old female presents for follow up after undergoing a stage bilateral cooled ablation of L3-S1. Since the left sided procedure she is reporting increase pain in the left buttocks that may be related to irritation from the procedure, a trigger point; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lumbar pain and weakness in extremities.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>MRI of the LUMBAR, CERVICAL AND LEFT SHOULDER to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2014; There has been treatment or conservative therapy.; Pain in the neck, left shoulder, and lower back. WORSENING BACK, SHOULDER AND NECK PAIN. Reports muscle pain, muscle cramp, muscle twitches, muscle wasting, muscle weakness, muscle pain or tenderness, loss of muscle bulk, neck pain, shoulder pain, back pa; Patient has tried braces, physical therapy, 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</p>	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>MRI to evaluate cause for pain. HER RADICULAR SYMPTOMS HAVE REMAIN NOT WELL CONTROLLED. She is having more pain. The patient reports GAIT DISTURBANCE. Reports LOSS OF STRENGTH. ROM of lumbar spine is noted to be Limited and Painful (Including 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 weakness.; The patient reports gait disturbance. Reports loss of strength. ROM of lumbar spine is noted to be Limited and Painful (Including extension, lateral flexion). Anterior lumbar flexion causes pain. The patient has failed conservative treatment (include acti; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>PATIENT DONE PT AND NSAIDs FOR 6 WEEKS WITHOUT SIGNIFICANT IMPROVEMENT. Patient complains of pain in the neck pain and bilateral arm pain AND BACK PAIN. The patient has been experiencing this pain for the last several months. She reports onset of pain gra; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy, NSAIDs&#x0D; and opioid medication therapy) &#x0D; Patient was advised against prolonged bed rest and was also advised to maintain normal activities. From</p>	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient tried physical therapy for 6 consecutive weeks with no improvement; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	possible pre-op/or possible epidural; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; difficulty walking, standing up, balance; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt had PT without relief 6 weeks, would like to give pt injections; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness down both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	r/o back and leg, 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.; 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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiculopathy, lumbar region; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above She continues with severe headaches up the back of her head as well as numbness and tingling down both arms to fingertips. CESI and rhizotomy had helped in the past, but she is so frazzle right now that she feels her headache pain is debilitating. Imagi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient complains of pain in the LOWER BACK AND WHOLE BODY. The patient has been experiencing this pain for the last several months. She reports onset of pain gradually over time . The patient describes her pain as constant with intermittent flare ups; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Reports muscle pain, muscle cramp, muscle twitches, muscle weakness, neck pain, shoulder pain, back pain, joint pain, joint stiffness, morning stiffness and night cramps. Denies loss of muscle bulk, joint swelling, swollen joints and atrophy. The patient ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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?	12
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	23
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	2
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	103
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	3
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	4
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	7
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1973; There has been treatment or conservative therapy.; neck back pain; meds physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	5
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NECK BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NECK BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNNKOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Approval	72192 CT PELVIS WITHOUT CONTRAST	UNNKOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; right hip pain , tenderness; physical therapy...medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72196 MRI PELVIS	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Approval	72196 MRI PELVIS	Osteomyelitis; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	6
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	2
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1

Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	2
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	3
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Anesthesiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; It is not known if patient has new onset congestive heart failure.; UNKNOWN; Yes, there is Chronic Chest Pain.	1

Anesthesiology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	NEEDED TO RULE OUT ARTERY FLOW VOID; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/11/17; There has been treatment or conservative therapy.; NECK PAIN - RULE OUT ARTERY FLOW VOID; MEDS PHYS THERAPY DIAGNOSTIC 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
Anesthesiology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	NEEDED TO RULE OUT ARTERY FLOW VOID; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/11/17; There has been treatment or conservative therapy.; NECK PAIN - RULE OUT ARTERY FLOW VOID; MEDS PHYS THERAPY DIAGNOSTIC 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 The patient complains of pain at lower back, hips and legs, mid back and shoulder. The patient has been experiencing this pain for several years. He reports onset of pain gradual. Reports frequency of his pain as constant. He describes the quality of pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Anesthesiology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Anesthesiology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Anesthesiology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/17; It is not known if there has been any treatment or conservative therapy.; neck and back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1

Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/17; It is not known if there has been any treatment or conservative therapy.; neck and back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/10/2017; There has been treatment or conservative therapy.; back pain radiating down leg left side; pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, 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
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar MRI without contrast performed 6/1/16 significant for mild degenerative disc disease from L3-S1, as well as mild bilateral lumbar spondylosis at L3-L4. There also appears to be mild spondylitic changes throughout L3-S1 due to the degenerative disc ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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. 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.; 3yrs.; There has not been any treatment or conservative therapy.; Neck and back pain radiates to UE and LE, numbness and tingling.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 09/07/2014; There has been treatment or conservative therapy.; gait issues entire spine pain slow reflexes numbness on the right side; TENS unit, 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 The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Pt has cervical pain radiating upward to bilat occipital causing HA, and going downward to bilat shoulders. Pt has tried opioids, NSAIDs, muscle relaxers.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Unknown.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	7
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/4/14; There has been treatment or conservative therapy.; CHRONIC NECK AND BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDICATION AND PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; 11/27/17; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/10/2017; There has been treatment or conservative therapy.; back pain radiating down leg left side; pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Muscle tone and strength 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
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 09/07/2014; There has been treatment or conservative therapy.; gait issues entire spine pain slow reflexes numbness on the right side; TENS unit, 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
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiating pain from the left side from the mid part of the thoracic spine all the way around under the breast line running in a T6 dermatome distribution.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2016; There has been treatment or conservative therapy.; Sever rib pain with a burning sensation.; Chiropractic manipulations, NSAIDS, gabapentin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; 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
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; straight leg test was positive; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/10/2017; There has been treatment or conservative therapy.; back pain radiating down leg left side; pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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.; Unknown; Oxycodone, Ibuprofen ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	discussed with patient since he is again conforming to treatment protocols that we will proceed with the scoliosis areas of the spine including an MRI of the lumbar spine and consider consultation with Dr. Bumpus due to spinal deformity with increasing ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown The patient complains of pain at lower back and hips and legs. The patient has been experiencing this pain for several years. She reports onset of pain gradual. Reports frequency of her pain as constant. She describe; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Heat, home exercises, ice, massage for 6 weeks;	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. Hampton is a 63 y.o. female who presents to the pain clinic with back pain which has been gradually worsening over time. The pain is described as aching and throbbing. Radiates: BLE, down the posterior legs to the knees. The pain is worsened by stand; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3yrs.; There has not been any treatment or conservative therapy.; Neck and back pain radiates to UE and LE, numbness and tingling.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 09/07/2014; There has been treatment or conservative therapy.; gait issues entire spine pain slow reflexes numbness on the right side; TENS unit, 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
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had pelvis ultrasound which showed a cyst on her left ovary; Pt having back pain and pelvic pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed conservative treatment (include activity modifications, PHYSICAL/home exercise therapy, NSAIDs medication therapy). She has had physical therapy with no benefit.   Facet loading maneuvers positive Palpation of the lumbar facet reve; The study 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
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	6
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	7
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/4/14; There has been treatment or conservative therapy.; CHRONIC NECK AND BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDICATION AND PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNWOWN; There has been treatment or conservative therapy.; BACK AND PELVIC PAIN; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; 11/27/17; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNWOWN; There has been treatment or conservative therapy.; BACK AND PELVIC PAIN; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	MRI of the LUMBAR, CERVICAL AND LEFT SHOULDER to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2014; There has been treatment or conservative therapy.; Pain in the neck, left shoulder, and lower back. WORSENING BACK, SHOULDER AND NECK PAIN. Reports muscle pain, muscle cramp, muscle twitches, muscle wasting, muscle weakness, muscle pain or tenderness, loss of muscle bulk, neck pain, shoulder pain, back pa; Patient has tried braces, physical therapy, 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
Anesthesiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient c/o of pain in right shoulder and burning after falling and injuring shoulder.	1
Anesthesiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Anesthesiology	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Stated that procedure did not help pain over 60 percent and has not been manageable with medication(s) regimen.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; last several years; There has been treatment or conservative therapy.; Pain in Both Knees; This PT has seen the Family Physician, Chiropractor, Orthopedist, Rheumatologist and Physical Therapist. She also has taken the over the counter anti-inflammatory meds Ibuprofen abd Aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Pt has chronic hip pain; not getting any better; 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
Anesthesiology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	Radiating pain from the left side from the mid part of the thoracic spine all the way around under the breast line running in a T6 dermatome distribution.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2016; There has been treatment or conservative therapy.; Sever rib pain with a burning sensation.; Chirpractic manipulations, NSAIDS, gabapentin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Audiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		INCREASED FREQUENCY OF DIZZINESS; MEDICATION NOT HELPING; 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
Cardiac Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 0/5/2017; There has been treatment or conservative therapy.; dizziness; otc 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
Cardiac Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST		Patient has bilateral carotid stenosis noted on Doppler & needs CT to do pre-procedure planning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 0/5/2017; There has been treatment or conservative therapy.; dizziness; otc 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
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Patient has bilateral carotid stenosis noted on Doppler & needs CT to do pre-procedure planning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the Neck. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	5
Cardiac Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	2
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Evaluate pulmonary nodule; This study is being ordered for Vascular Disease.; December 2015; There has not been any treatment or conservative therapy.; COPD, chronic bronchitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2

Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	The request is for a chest, thoracic or sterno-clavicular joint CT.; "There is not a nodule,coin lesion or other lung mass.cxct"; This examination is not being ordered for persistent lung infiltrate or pneumonia.; This study is being requested prior to surgery or as part of lung biopsy.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX 71275 CT ANGIOGRAPHY CHEST	This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	W/CONTRAST/NONCONT RAST	< 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
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< 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
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	; 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.	3
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	3
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	Annual testing. Patient had and aortic measurement of 28ml.; This is a request for an MR Angiogram of the chest or thorax	1
Cardiac Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PATIENT COMPLAINED OF BACK AND NECK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Cardiac Surgery	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	severe claudication of RT LE; pt has trouble walking due to swelling and pain; no pulses in RT foot at all.; This study is being ordered for Vascular Disease.; early 2017; There has been treatment or conservative therapy.; no pulses in RT foot; severe claudication, leg swelling & cramping; abnormal ABI/arterial Doppler in late October; pt has severe claudication in RT LE, and no pulses in his RT foot.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Cardiac Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the abdomen. Evaluate pulmonary nodule; This study is being ordered for Vascular Disease.; December 2015; There has not been any treatment or conservative therapy.; COPD, chronic bronchitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient was unable to have treatment six months ago due to other health issues those issues have been treated and we are now wanting to evaluate aneurysm for treatment; 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
Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; redo EVS AAA repair done 8/2016; this is a 1 year f/u appointment.; Yes this is a request for a Diagnostic CT	1

Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; 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
Cardiac Surgery	Approval	75571 Coronary Artery Calcium Score, EBCT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a CT scan for evaluation of coronary calcification.	1
Cardiac Surgery	Approval	75572 CT Heart	This is a request for a Heart CT.	1
Cardiac Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	< 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
Cardiac Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries. Chief Complaints:  1. Syncope/Near Syncope.   HPI:  HPI:  Ms. Tharp is a 54y/o patient who was referred to EP by Dr. Rollefson d/t syncope/near syncope, possible HUT.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Black is a 45y/o patient who was referred to EP by Dr. Lendel for recurrent syncope/near syncope. She is currently wearing 20-day event monitor. Stress echo showed LVEF 50-55%, no ischemia at 71% max HR, ischemia at max HR can not be ruled out. Onset ; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1
Cardiac Surgery	Approval	78813 PET IMAGING WHOLE BODY		unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Cardiac Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1
Cardiac Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1
Cardiac Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2
Cardiac Surgery	Approval	93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
Cardiac Surgery	Approval	93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1
Cardiac Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	For pre op clearance; 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
Cardiac Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1

Cardiac Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Cardiac Surgery	Disapproval	71250 CT CHEST, THORAX 71275 CT ANGIOGRAPHY CHEST	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Disapproval	W/CONTRAST/NONCONT RAST 72148 MRI LUMBAR SPINE OR LOW BACK	Radiology Services Denied Not Medically Necessary		1
Cardiac Surgery	Disapproval	WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT COMPLAINED OF BACK AND NECK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	severe claudication of RT LE; pt has trouble walking due to swelling and pain; no pulses in RT foot at all.; This study is being ordered for Vascular Disease.; early 2017; There has been treatment or conservative therapy.; no pulses in RT foot; severe claudication, leg swelling & cramping; abnormal ABI/arterial Doppler in late October; pt has severe claudication in RT LE, and no pulses in his RT foot.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Cardiac Surgery	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a CT scan for evaluation of coronary calcification.	1
Cardiac Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	EKG shows normal sinus rhythm, poor r wave progression with nonspecific ST changes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2017 syncope 2014 CAD; There has been treatment or conservative therapy.; passing out, syncope, multiple episodes, loss consensus completely; CAD pt had stenting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	1
Cardiac Surgery	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	EKG shows normal sinus rhythm, poor r wave progression with nonspecific ST changes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2017 syncope 2014 CAD; There has been treatment or conservative therapy.; passing out, syncope, multiple episodes, loss consensus completely; CAD pt had stenting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology < Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	70450 CT BRAIN, HEAD		I had the pleasure of seeing Mrs. Alarcon in consultation for Atrial fibrillation. As you know she is a pleasant 56 yr old female with a history of HTN, HL, atrial fibrillation.  She was diagnosed at the onset of the year, with a flu like ; 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. None; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 10/6/17; There has not been any treatment or conservative therapy.; Right leg Numbness, Falls, Short of breath, chest tightness, dizziness, Near 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 ; This study is being ordered for Vascular Disease.; 10/2016; There has been treatment or conservative therapy.; Heart fluttering Pain Stenosis of Carotid Artery Dizziness; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT BRAIN, HEAD			1
Cardiology	Approval	70450 CT BRAIN, HEAD			1
Cardiology	Approval	70450 CT BRAIN, HEAD			1
Cardiology	Approval	70450 CT BRAIN, HEAD			2
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST			1
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST			1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST			1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST			1

Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	; This study is being ordered for Vascular Disease.; 10/2016; There has been treatment or conservative therapy.; Heart fluttering Pain Stenosis of Carotid Artery Dizziness; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the Neck.	17
Cardiology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for pre-operative evaluation	1
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has 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
Cardiology	Approval	71250 CT CHEST, THORAX	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	2
Cardiology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	2
Cardiology	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3
Cardiology	Approval	71250 CT CHEST, THORAX	Abnormal high BMI.Will start walking when well from pneumonia. One year follow up for Thoracic aortic aneurysm without rupture; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Cardiology	Approval	71250 CT CHEST, THORAX	ascending thoracic aortic aneurysm measuring 5 centimeters; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 CT CHEST, THORAX	ascending thorax aneurysm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Cardiology	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Cardiology	Approval	71250 CT CHEST, THORAX	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 CT CHEST, THORAX	no additional.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/25/2016; There has been treatment or conservative therapy.; congestive heart failure, hypertension.; the patient has a LVAD inserted on 4/25/2017--to help his value of life. We are working him up for a heart transplant evaluation.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 CT CHEST, THORAX	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 CT CHEST, THORAX	Pre-op 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.; 2015; There has been treatment or conservative therapy.; congestive heart failure; ventricular dysfunction; implant placed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71250 CT CHEST, THORAX	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; 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	3
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST		1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	2
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< 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. ; This study is being ordered for Vascular Disease.; 03/2016; There has been treatment or conservative therapy.; She reports her shortness of breath betterWe did again review in detail her most recent CT scan for evaluation and surveillance of her aneurysm last measured at 4.7 cm in June of this year. I will go ahead and request a 6 months follow-up CT scan of her c; 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
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST		1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	; 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.	5
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is no other type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	AF recently diagnosed, 3 weeks ago. on NST on eliquis, and Diltiazem.  60 yo with CAD, smoke 40 ppd quit 5 month ago ? COPD, HTN, HL.; 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 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	descending aortic aneurysm follow up.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	descending thoracic aorta at 4.4 cm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	dilated aortic root at 4.5 cm diameter, coronary atherosclerotic disease, Total calcium score of 0. exertional dyspnea following abnormal stress test showing global wall motion abnormality. on 9/25/17 admitted for LHC-1 Successful mid LAD drug-eluting ste; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	EVALUATION FOR CONGENITAL VENOUS ANOMALY OF PERSISTANT LEFT SIDED SVC; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	F/U THORACIC AORTIC ANEURYSM.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	known dilated aortic root and thoracic aortic aneurysm. Pt has htn.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Known thoracic aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This 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 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	KNOWN THORCIC ANEURYSM/DISSECTION.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Mr. Caston returns to clinic today feeling well without cardiovascular complaints or angina pectoris. CTA last year showed growth in his dilated aortic root from 3.4cm in 2015 to 3.7cm in 2016. He has had good control of his blood pressure on current medi; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Mr. Roberts is here for cardiac clearance. He has known CAD s/p CABG, CVA, HTN, and murmur. He reports fatigue. If he walks 40-50 yards, his legs get tired and weak. He reports pain in his feet. He is out of his cholesterol medication. He denies chest pai; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgy is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Ms Dreher is a 30 yo WF with a hx of vasovagal syncope, palpitations, PAF/AT and NSVT who presents for follow up. She was seen at AHH ED with c/o PAF with exercise and noted to have K 3.3. Continues on multaq. Discussed possible PVI with breakthrough AF. ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgy is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Patient has A Known Aortic Aneurism; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Pre-Ablation Planning; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Pt has been experiencing right side hypersensitivity and now is experiencing low back pain across the entire back causing different sensations of warm feeling, sharp pain radiating to his LE. All of the pains he has been experiencing is from the waist down; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgy is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1

			Referring Provider: Scott Beau MD	
			 I had the pleasure of seeing Mr. Jones	
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	in consultation for pulmonary vein isolation. As you know he is a pleasant 61 yr old male with a history of GERD, OSA eval negative, HT; 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 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	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 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	39
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	THORACIC AORTIC ANEURYSM SEEN ON ECHO.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Thoracic Aortic Aneurysm with chest pain and sob.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	To f/u a pseudoaneurysm.; This study is being ordered for Vascular Disease.; 07/05/2016; There has been treatment or conservative therapy.; Edema with chest pain; Patient had serial ct scans to monitor the aneurysm. The aneurysm got too large and was repaired.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	To reassess the patient ascending aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	unknown; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	follow-up on the aorta ectasia.; This is a request for an MR Angiogram of the chest or thorax	1

Cardiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does 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
Cardiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Cardiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Cardiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	1
Cardiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Cardiology	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	2
Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Other; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	HX OF LUNG NODULES, HX OF FATIGUE, HX OF HEART FAILURE, HX OF ANGINA.; This study is being ordered for Inflammatory/ Infectious Disease.; 11/20/2017; There has been treatment or conservative therapy.; CHEST PAIN, SOB AND FATIGUE; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	2

Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Vascular Disease.; 03/2016; There has been treatment or conservative therapy.; She reports her shortness of breath betterWe did again review in detail her most recent CT scan for evaluation and surveillance of her aneurysm last measured at 4.7 cm in June of this year. I will go ahead and request a 6 months follow-up CT scan of her c; 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
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST		1
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for CT Angiography of the Abdomen and Pelvis. To f/u a pseudoaneurysm.; This study is being ordered for Vascular Disease.; 07/05/2016; There has been treatment or conservative therapy.; Edema with chest pain; Patient had serial ct scans to monitor the aneurysm. The aneurysm got too large and was repaired.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	6
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST		1
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the abdomen. 6 month Common Iliac Aneurysm Follow up; This is a request for an abdomen-pelvis CT combination.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT no additional.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/25/2016; There has been treatment or conservative therapy.; congestive heart failure, hypertension.; the patient has a LVAD inserted on 4/25/2017--to help his value of life. We are working him up for a heart transplant evaluation.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	14
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pre-op 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.; 2015; There has been treatment or conservative therapy.; congestive heart failure; ventricular dysfunction; implant placed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 CT ABD & PELVIS W/O CONTRAST		1

Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for an MR Angiogram of the abdomen.	1
Cardiology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a heart or cardiac MRI	3
Cardiology	Approval	75557 Cardiac MRI Morph & structure w/o contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	8
Cardiology	Approval	75572 CT Heart	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	75572 CT Heart	This is a request for a Heart CT.	7
Cardiology	Approval	75573 CT Heart		
Cardiology	Approval	Congenital Study	This is a request for Heart CT Congenital Studies.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p> <p>Abnormal EKG&#x0D; Essential hypertension&#x0D; Family history of CAD&#x0D; Chest pain&#x0D; COPD.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>Chest pain with exertion. She had a previous stress echo that showed suboptimal augmentation of the LV; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>new symptoms; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.</p>	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>Obese woman with SOB and Chest Pain.; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; 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.</p>	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>plain tread mill test in office on 11/29 for 4 mins and chest pain while on the treadmill; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; 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.</p>	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; &It;Additional Clinical Information&gt;; Yes, there is Chronic Chest Pain.</p>	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Last week she developed burning, epigastric. Radiated to lower left and right chest. Moderate. Lasted for several hours. Seen in ED and better with GI cocktail. No recurrence after that one day. Not worse with exeriton.; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Pt added on to clinic after having chest pain following her stress test. She is on flecainade therapy. She is having 3/10 chest pain in the office. She has not had any visualization of her coronary arteries. She comes in today for further evaluation.; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Pt is having SOB and syncope, unable to walk on treadmill for stress test; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; PT with systolic murmur experiencing increased SOB, chest pain and BLE swelling; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; recurrent cp and sob; Yes, there is Chronic Chest Pain.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; see attached clinicals; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; It is not known if patient has new onset congestive heart failure.; <Additional Clinical Information>; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; <Additional Clinical Information>; Yes, there is Chronic Chest Pain.	4
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; 59 y.o. Latin American male here for follow up for chest pain, dyspnea, hypertension, hypercholesterolemia. Patient reports episodes of precordial chest pain, described as a pressure, occurring across chest area, occurring at random times, more often in ; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Chest pain on exertion; Yes, there is Chronic Chest Pain.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; None; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient has family hx of premature coronary artery disease; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; patient with complaint of chest pain referred by Emergency Room for evaluation. Patient with a history of hypertension with a BMI of 43. Family history of CAD, diabetes, and CVA. Patient also has a complaint of fatigue, decreased exercise tolerance, dyspn; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Shortness of Breath, Shortness of Breath upon Exertion, Chest pain, OVER 50, DIABETES, HYPERTENSION,; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Unknown; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; It is not known if patient has new onset congestive heart failure.; Recent onset of chest radiating into the arms and neck, can not do treadmill due to Fibromyalgia and chronic back pain; No, there is no Chronic Chest Pain.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	2
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	3
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; Chest Pain	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; CHEST PAIN WITH NORMAL STRESS TEST.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; SOB with reast and exertion.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a cardiac surgical procedure.; <Additional Clinical Information>; No, the examination is not for noninvasive coronary arterial mapping.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a noncardiac surgical procedure.; <Additional Clinical Information>;	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninteruptible cardiac imaging .; equivocal but low risk stress echo. patient had no exercise-induced chest pain but developed close to 1 mm ST depression in v5 v6 at peak exercise resolving less than 1 min into recovery. No segmental wall motion abnormalities noted in the post exercise i; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterruptible cardiac imaging .; patient with a history of CAD has new complaint of chest pain/pressure. Patient did a Rest Stress ECHO Treadmill stusy in which chest pain was reported in the last stage of the exercise part of the test. There were no ECG or wall motion changes.; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and asymptomatic (no significant symptoms)?; Reason for Appointment  1. Chest tightness  2. Arm pain    History of Present Illness  HPI:  62 y.o. female with h/o possible tachybrady syndrome, hypotension, hypothyroidism, HLD, arrhythmia, MVP last seen for workup of cardiac arrhyth	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; 43 y/o female with known hx of CAD, HTN, HLPD, DM, AFIB, Mitral  Valve Prolapse, family hx CAD. Recent hospitalizaton for chest pain. Equivocal nuclear stress test. Pt is complaining of recurrent angina, shortness of breath, and dyspnea on exertion, dizz	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Anomalous coronary artery.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Because of this lady's obesity, I do not think we will do much better with CT angiography than we have done with nuclear imaging which is nondiagnostic. She cannot exercise well, so we need to look at her coronaries. The question is whether we can see t	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Mr. McCormick is here today to discuss recent testing. He underwent TMST which was abnormal and revealed mildly abnormal ST changes at peak exercise. He complains of feeling dizzy, pale, weak, and sweaty after any exertion (including sex). His wife is a R	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; SOB fatigue	1
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	54
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		18

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	#1 abnormal heart saver CT: He recently had a heart saver CT. This revealed a score of 723 in the LAD in 192 in the right coronary artery. At this time he remains active physically. He's not having any symptoms of angina. His EKG does not have any ischemi; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< CTA of coronary done April shows moderate disease in LAD ending up having heart cath. done showed single vessel disease of LAD still having chest pain left sided described as heaviness occurs with exertion radiates to left arm with tingling in left arm; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. > post op check up; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is not presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. > It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. > It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	9
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	6
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	13
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/5/2017; There has not been any treatment or conservative therapy.; chest pain, shortness of breath.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	. Angina (I20.9); # Hypertension (I10); # Hyperlipidemia (E78.5); # Diabetes mellitus (E11.9); # Shortness of breath (R06.00); # Aortic murmur (I35.8); The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	19
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	10
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	58
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac 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	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is not presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; It is not known if the patient had a stress echocardiogram since surgery.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a pre-operative evaluation.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a pre-operative evaluation.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; It is not known whether this evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1 angina: He's been having symptoms of dyspnea on exertion over the past few months. He does moderate activity gets markedly short of breath. He's noticeable changes exercise tolerance as well. A few weeks ago when he was dragracing, he had an episode of ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	45 y/o AAF complaining of chest pain, shortness of breath, dyspnea on exertion, decreased exercise tolerance, thyroid disorder.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	50-year-old white male who presents with the symptoms as described above. The symptoms certainly range in the possibilities between ischemic heart disease possible congestive heart failure and possiblepulmonary in etiology. At this point time I would like; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	58 y.o. male female with h/o DM, HTN, and CHF.  Diagnosed with CHF last month. Associated with DOE. Moderate. Progressive. Had echo at some point but results are unclear. Also c/o chest pain that appears to be nonexertion. Patient is 59 an; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 58-year-old female with:  1. Intermittent palpitations.   2. Intermittent chest pain.   3. History of fibromyalgia and arthritis. Unable to exercise from musculoskeletal issues.    4. Acute QT prolongation.    5. 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	abn ekg; , hypertension; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	ABN EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	abnormal EKG, old anterior wall infarction, patient obese, cardiac clearance for revision of right hip due to infection, unable to walk; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal results of other cardio function study; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	active chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	AFIB, HOLTER MONITOR SHOWS episodes of AF with a HR of 170's. There was a lot of artifact noted. Prior History: palpitations, ; syncope ; CHA2DS2-VASc Score: heart failure or LV dysfunction (1 point); hypertension (1 point); CHA2DS2-VASc score total: 2; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, Dyspnea on exertion, other CP, HTN; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old. at this point time we'll do a Holter monitor, echocardiogram, and stress test. We'll look for evidence that she's having significant tachycardia bradycardia or pauses with the atrial fibrillation/atrial flutter. Also get an understanding of the size of he; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Audra returns for f/u. Echo showed mild LVH and normal LV function. She has had no further severe episodes of LE edema. Today she is concerned about occasional brief episodes of a "pulling" discomfort in the left chest, lasts 5-10 minutes, at rest in the ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	c/o retrosternal chest pain and bilateral arm pain and tingling for 1st 3-4 months. Symptoms last for a few minutes and resolves on its own. Not always related to exertion. Also c/o palpitations , 1-2 times a week, resolves in 5-10 minutes. No syncope, orth; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD/Angina; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. cardiac clearance; This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cardiomyopathy; In this patient we should check to see if there is any evidence of LV dysfunction. His there is any evidence of ischemia. Any evidence of valvular abnormalities. Any evidence of pulmonary hypertension. Her any evidence of dysrhythmias. W; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old. Chest pain abnormal EKG palpitations; It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain on exertion and shortness of breath when walking; continues to have episodes of chest pain, palpitations, pt was able to walk on treadmill approx 4 minutes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain sob was not able to walk on treadmill; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain Numbness Shortness ofbreath Fatigue palpitations  At this point, we'll go forward with a full noninvasive evaluation also look that these episodes of palpitations may be related to dysrhythmia and a 24-hour Holter monitoring. We'll do a T; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain, atypical.   Fatigue, multifactorial, possibility of sleep apnea on there with history of snoring and significant tiredness. Recommend sleep study.    Hypertension, suboptimally controlled.       Recommend changing her medication to ; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, dyspnea, htn; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, heart racing, short of breathe, swelling in legs, palpitations; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, palpitations; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, unspecified type, essential hypertension, type 2 diabetes mellitus without complication, without long-term current use of insulin, left carotid bruit   Yogin Patel is a 60 y.o. male who presents for complaints of chest pain. Pertinent histor; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, unspecified type, third degree AV block, S/P placement of cardiac pacemaker, follow-up exam    Georgia Thompson is a 59 y.o. female who presents for a follow up. C/o intermittent left sided chest pain that radiates into the left upper back ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain, unspecified; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAINS SHORTNESS OF BREATH; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pressure and tightness with exertion consistent with angina. HTN, Hyperlipidemia, Long QT on beta blockade. Unable to exercise due to orthopaedic issues.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest tightness, dyslipidemia,arterioscleroticcardiovascular disease   Joshua M Miller is a 36 y.o. male who presents as problem visit. Pertinent history includes: Coronary artery disease with DES 10/2/17, smoking, dyslipidemia. Other past medical hi; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chronic combined systolic (congestive) and diastolic (congestive) heart failure; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Coronary arteriosclerosis, Palpitations, chest pain on exertion, Smoking Status: Current every day smoker; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Coronary artery disease, 40% LAD stenosis 12/2016 Hypertension Diabetes Dyslipidemia  Pt has abnormal stress ekg today in office; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	coronary artery disease, s/p stent, angina, diabetes,  dyslipidemia, st elevation myocardial infarction; This is 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 cp with SOB during physical activity; weakness and fatigue; unable to tolerate exercise; abnormal ekg; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CP, Family History of Heart Disease, Smoker; It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, smoker, abn ekg, hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, smoker, dyspnea, abn ekg; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, smoker, family hx cad, hypertension,; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp. cad, htn, hx of cva; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	diabetic, hyperlipidemia, hypertension, dyspnea, cp, abn ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea, family hx cad,; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Echo 11/13/17 Ef 45-50%, mild LVH, diastolic dysfunction , mild mr  Patient in office 11-28-17 with chest pain and afib w/rvr; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Encounter for Observation, Palpitation, dyspnea on exertion, HTN; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - or Type In Unknown If No Info Given Patient needs re-evaluation of CAD since his MI 9 years ago.; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter Patient is a 46 year old female who presents today as new patient. PMH includes HTN, HLD, OA, DM type II, OSA with use of CPAP, anxiety and fibromyalgia. LHC in 10/2011 showed diastolic dysfunction with no significant CAD. ECHO in 2011 showed EF 55%; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Essential hypertension  Morbid obesityDyspnea.ypnea on exertion Family history of coronary artery disease; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	FAX; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	FAX; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	FOLLOW UP OF KNOWN CAD.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Gets dizzy and light headed if walks on treadmill; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He had a colonoscopy and after a GIB that required 4 units of PRBC's and they noticed a HR in the 30's. He wore a holter that showed some 2:1 AVB that could be Mobitz II type II block and is on an event monitor to differentiate between Wenkebach or true M; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He reports he was seen at Dr. Bates office yesterday and was told his EKG was abnormal. He complains of substernal chest pressure over the past 2-3 months that occurs without regards to exertion. He states it occurs almost daily. He also reports SOB that ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. Heart Murmur hyperlipidemia fibromyalgia  abnormal ECG Hypercholesteremia Family History of Coronary Artery Disease  Shortness of breath Systemic Lupus  Muscular and Joint Pain due to secondary fibromyalgia; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	heart murmur Provided heart murmur: care instructions essential hypertension Provided high blood pressure: care instructions Provided learning about high blood pressure Type 2 diabetes mellitus without complication Provided type 2 diabetes: care ins; 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 hx chs and dyspnea on exertion; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hx of hypertension, left bundle branch block showing on EKG, having left sided chest pain radiating to right side of chest as well as back and top of arm. Pain is worse on exertion. Complaining of ongoing headaches and shortness of breathe. Mother died of; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hypertension, cp, dyspnea, edema, strong family history of cad; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	impression: 1 coronary artery disease: She's a few years out from intervention to the right coronary artery. Her last angiogram was year and a half ago. She's been having some breakthrough angina from time to time. The episodes are short-lived. They can ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	inconclusive stress echo on 121717; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	inducible ischemia; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	intermittent chest pain, junctional tachycardia, heart palpitations; seen in ER on 11/17/17; Pt c/o of left sided chest pain radiating to left arm that "feels numb" onset 10 minutes prior to arrival to the ED. Pt states pain was initially sharp, now ju; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is not known if the patient is diabetic.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older.; The patient has a cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.; The patient has a cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	known cad w/new sx; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	LBBB - Will evaluate for flow limiting CAD given the poorly controlled DM, secondary polycythemia, tobacco use and family history of early CAD. Will also get an echocardiogram to assess for any structural changes, Left bundle branch block, Diabetes mellit; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr Askew is here today for cardiac evaluation. He has noticed the last couple of months that he has had some intermittent heart fluttering. He also states that his bp has been running a little higher than normal for him lately and he has been having indig; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr Sanders is a 39 year old male here to follow up after an abnormal Keep the Beat scan. He was noted to have a coronary artery calcium score of 21.6. He decided to do Keep the Beat after a few friends of his needed stents. He denies angina. He reports dy; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr Weido is here for cardiac evaluation. He had some cp on Wednesday while at Disney World that was relieved by nitro. Pain was on left side and did not radiate but he was pale and very uncomfortable. BP was extremely high during this episode. He went to ; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Foster comes in today to discuss concerns of chest pain that radiate into neck and chin area. Recently has had episodes of HTN upon resting at cardiac rehab. He had a couple episodes of this chest pain.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Scaife is self-referred after recent elevated coronary calcium screening. He notes severe fatigue during the last year, at rest and during exertion. He notes worsening dyspnea on exertion with some mild chest tightness when walking uphill during rec; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mrs Fairfield is a 34 year old female referred for palpitations. She wore a Holter Monitor on 12/5/17 which showed 10,996 PVC in a 24 hour period including some Bigeminy. Her symptoms started about month ago. It got better after she wore her heart monitor; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	multiple vessel coronary artery disease, LV dysfunction, physician wants a Thallium Viability Study to check heart muscle viability; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; It is not known if the patient is presenting with new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient admitted to Dewitt hospital complains of left sided chest pains, stabbing-dull around breast radiating down left arm.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient appt to establish CV care. Has a history of AF dating back a couple months, followed by Dr. T. Murphy. Now requesting to be in our care. Dr. Murphy started her on amio/eliqis/metoprolol with plans for eCV. Looks like she has probaby settled i; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient Dr Chambers with fatigue last 9 years, and concerned syncope episodes last 3 years, two episodes last one month, , with exercise, dizzy and near syncope..., no associated palpitations.....episodes chest pains at rest, and exercise, precordial ; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient referred DR Tim Reece, chest pains, precordial area, describes as chest heaviness and pressure, at rest and exercise, lasting few minutes, no radiation, a few times a week, at times associated dizziness and no palpitations. Also has abnormal EKG; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient with history palpitations, at rest, daily episodes, lasting hours, no associated dizziness, feels dyspnea and fatigue...and at times chest heaviness at rest, lasting hours, no radiation, can't take a deep breath, episodes last 3 months, had hyp; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	nicotine dependence, hypertension, dyspnea.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Nondiagnostic stress test due to submaximal heart rate response. Chest pain during exercise The test was terminated due to leg fatigue.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 study is not requested for pre op evaluation, cardiac 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 none; This study is being ordered for Vascular Disease.; 10/03/2017; There has not been any treatment or conservative therapy.; I48.91; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Not able to walk on treadmill due to broken ankle. family history of cardiac disease with early onset. chest pain with emotional upset; abnormal ekg. obesity: BMI 32.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	other chest pain Janique L Self is a 30 y.o. female who presents to establish care. Pertinent history includes: family hx of CAD. Other past medical history is noted below. Complains of recurrent sharp chest pain with radiation to back. Happens freque; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	other chest pain, essential hypertension, mixed hyperlipidemia Karen J Woodall is a 56 y.o. female who presents to establish cardiac care. Referral by Dr. Bond for chest pain. Pertinent history includes: HTN, HL. Other past medical history is noted belo; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	other chest pain, shortness of breath on exertion Brenda Ellis is a 43 y.o. female who presents to establish care. Pertinent history includes: obesity, tobacco abuse. Other past medical history is noted below. Complains of intermittent chest pains over ; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PAC (premature atrial contraction), Cardiac device in situ, PSVT (paroxysmal supraventricular tachycardia), Ventricular tachycardia (paroxysmal); Simon Wolstenholme is a 62 y.o. Caucasian male who presents for evaluation of cardiac arrhythmias with occasi; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Palpitation, Tachycardia, HTN, Dyspnea; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	palpitations, cp, family hx of cah; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	palpitations, shortness of breath; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	palps, cp, copd; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient c/o chest pain and SOB while walking.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient cannot walk on treadmill due to shortness of breath. Patient is a smoker. Trace of TR on Echo.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient diabetic. Having chest pain and SOB. Unable to walk on TM due to diabetic neuropathy and DOE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient had treadmill stress test which showed less than 4 METS.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient has abnormal stress echo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has been having chest pain with typical and atypical features. Abnormal EKG, HTN, and Family History CAD.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has BMI of 50. Can not walk on treadmill per surgery. and Obesity; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PATIENT HAS CHEST PAIN AND PALPITATIONS ALONG WITH SHORTNESS OF BREATH. CHEST PAIN IS RELIEVED WITH REST AND SHORTNESS OF BREATH CAN HAPPEN WITH OR WITHOUT EXERTION.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has history of CAD and is needing DOT clearance for work; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has poor exercise tolerance and recently had knee injury and is unable to walk on treadmill. She reports intermittent chest pain with radiation to jaw with associated SOB, occurring mostly at rest; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old. Patient having palpitations, dizziness and fatigue.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient having palpitations, dizziness and fatigue.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is a 58 year old male who presents today as follow up patient for cardiac evaluation. PMH includes OA, OSA with use of CPAP, and CAD s/p remote PCI to OM x2 with DES in NC in 2009. Abdominal ultrasound on 1/22/2017 showed cholecystectomy and moder; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is a known diabetic and has a long history of smoking. Has been having chest pain, dizziness, and SOB that is getting progressively worse and worse.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient originally scheduled and authorized for a stress echo for moderate CAD and dyspnea on exertion but he states he can not walk on treadmill due to "knees are bone on bone"; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient sob and chest pain. Attempted stress echo but unable to reach adequate heart rate; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient unable to complete Rest Stress ECHO study due to not being able to reach targeted heart rate due to becoming short of breath.; Patient has complaint of decreased exercise tolerance and fatigue.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient VT, left ventricular , cardiac pace maker, hypertension; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient w recent hospital stay for new onset a-fib with rapid ventricular response; chest pain; and cardiomyopathy; and abnormal EKG with t wave abnormality; EF of 35%; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient with chest discomfort; physical limitations to exercise.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient with complaint of chest pain and short of breath on exertion. Patient ECG was abnormal showing inferior T wave inversions. Patient's BMI is 35. Patient has strong family history of CAD in her mother. Patient has hypertension and hyperlipidemia.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p> <p>Patient with complaint of chest pain while driving. Patient works as a lineman on power lines. Patients BMI is 30. Chest pain radiated to the left arm. Pain was improved when aspirin was administered.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient with history of coronary artery bypass with complaint of new chest pain, substernal in location and radiates to back. Patient is diabetic. Patient continues to be positive for tobacco abuse. Patient has COPD and cannot walk on treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>post hospital, pt presented w/chest pain radiating into jaw. hx of htn and family hx CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p> <p>ppatient with symptoms of chest discomfort that are nondescript in nature.&#x0D; The patient's discomforts are likely not related to angina but he does have elevated risk factors&#x0D; We'll continue to do her risk analysis in the form of a Framingham risk score.&#x0D; ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>ppatient with symptoms of chest discomfort that are nondescript in nature.&#x0D; The patient's discomforts are likely not related to angina but he does have elevated risk factors&#x0D; We'll continue to do her risk analysis in the form of a Framingham risk score.&#x0D; ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial chest pain Abnormal EKG Essential Hypertension Family history of early coronary artery disease Morbid obesity; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial chest pain Dyspnea Abnormal EKG Dyspnea on exertion Essential hypertension Family history of coronary artery disease Morbid obesity; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial chest pain Dyspnea Dyspnea on exertion Essential Hypertension Family History of coronary artery disease; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial chest pain. Dyspnea.Dyspnea on exertion Abnormal EKG Family history of coronary artery disease. Chronic low back pain.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial chest pain. Dyspnea Abnormal EKG. Essential hypertension Family history of coronary artery disease Hypercholesterolemia.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Precordial chest pain.; Dyspnea.; Dyspnea on exertion.; Abnormal EKG.; Borderline diabetes.; Hypercholesterolemia.; Hypertriglyceridemia.; Family history of coronary artery disease.; Cardiac murmur; It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p> <p>Precordial chest pain.; Dyspnea.; Heart palpitations.; Severe obesity with body mass index of 35.96 kg square meter.; 6Abnormal EKG.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>precordial pain.; David Aaron Pate is a 50 y.o. Caucasian male who presents for evaluation of chest pain Onset was 30 years ago, with waxing and waning course since that time. The patient admits to chest discomfort that is intermittent, with radiation to; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Prediabetes.; Essential (primary) Hypertension; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>premature atrial contractions, premature ventricular contractions, sinus tachycardia seen on cardiac event monitor, atherosclerosis of native coronary artery of native heart without angina pectoris, HTN (hypertension), benign, mixed hyperlipidemia; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pressure like chest pain and palpitations since last week; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old. previous heart catherization; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Problem List/Impression: 1. Chest pain R07.9 Plan : Nuclear Medicine Stress Test to evaluate for ischemia if insurance with approve.  2. Shortness of breath R06.02 Plan : ECHO to evaluate LVEF and valvular abnormalities.  3. Palpitations R; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Problem List/Impression: 1. Chest pain R07.9 Plan : Nuclear stress test to evaluate for ischemia  2. Dyspnea on exertion R06.09 Plan : 2D Echo to evaluate LV function and for valvular abnormalities  3. Palpitations R00.2 Plan : 30 day; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt had treadmill stress test on 11/28/17, was not able to achieve the target heart rate.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has BMI 51, abnormal EKG; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has decrease in ejection fraction, has SOB with exertion, anginal equivalent. Pending knee surgery.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has history of COPD. Echo revealed severe MAC, 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 not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has hx of anemic, new onset chest pain for 6 mo, L sided pain feels like pins and needles, occurs 3-4x a week, also has increase of shortness of breath as well as dizziness on exertion; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt having chest pain at rest and on exertion and hypertension, not a smoker. no hx of cad. strong family history of premature CAD. echocardiogram to evaluate LV function. treadmill nuclear stress test to rule out reversible ischemia.  pt reports pain t; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT HAVING CP, WITH WEAKNESS, PT HAS A DILATED CARDIOMYOPATHY WITH MODERATE MITRAL ANNULAR CALCIFICATION; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt having severe SOB and chest pain that runs through her back with running uphill. hx of htn, no hx of cad. has fm hx of dm and heart dz. her mom had first MI at age 34, sister has CAD at age 49; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt is a known smoker, has known family history of CAD and has been having SSCP that is worse with activity as well as dizziness, SOB, and palpitations; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt is a known smoker, is having worsening Chest pain and SOB; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt presented to ER w/chest pain, abdominal pain, dyspnea and nausea, hx of hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt reports sob with minimal activity, occasionally associated with chest tightness. Rest relieves. Reports frequent HA's with dizziness. Pt has experienced chest pain with exertion.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt w/abnormal ekg, chest pain and palpitations; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	R06.02, R53.83. Strong family history of CAD.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. Abnormal ECG    History of Present Illness  Constitutional:  Referred Dr Burleson cardiac investigation and abnormal ECG...discussed diet and tests.   Vital Signs  HR 64 /min, BP 130/83 mm Hg, Ht 6 ft 3 in, W; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. AF    History of Present Illness  HPI:  Ms Williams is a 57 yo AAF with a hx of PAF in 2/2017, HTN, DM, HLD and CVA 6/18-6/22 at SVI and started on eliquis who was self referred due to worsening cough worse at ni; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. CAD    History of Present Illness  HPI:  56 y.o. female with h/o DM, HTN, HLD, GERD, CAD s/p NSTEMI treated with PCI of MLCx with Resolute (4/21/2017) LVEDP 20mmHg and LVEF 55% here for late 3 month f/u appt.  ; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. Chest Pain    History of Present Illness  HPI:  Mrs. White presents today to establish care. She states that two weeks ago she was awakened from her sleep with chest pressure. She went to the ER at CHI and was gi; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. Chest pain    History of Present Illness  HPI:  she has been under increased stress lately. She complains of stress related chest pains. She also has occasional sharp brief left sided chest pains.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Recent hospital admission for chest pain and sob. stress echo performed was equivocal due to hypertensive blood pressure response causing the test to be suspended so patient did not reach 85% max heart rate; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Recommend follow-up two dimensional echocardiographic Doppler study of follow up on essential hypertension, hypertensive heart disease, left ventricular diastolic dysfunction, nonrheumatic tricuspid insufficiency   Abnormal EKG Type II diabetes mellit; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	remarkable htn; lose of consciousness; referred to cardiologist for further asst; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/14/2017; There has not been any treatment or conservative therapy.; chest pressure; htn; hypothyroidism; dizziness; hyperlipidemia; syncope; leg edemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	See previous; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>She is here for a follow up visit and is doing well. She denies angina, shortness of breath, orthopnea, or PND. Recurrent pneumonia earlier this summer. Has only mild OSA.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>She presents today with complaints of intermittent central chest pain over the past few weeks that occurs with exertion with associated symptoms of right arm numbness. She also reports constant fatigue and sleepiness during the day. She states when she ge; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p> <p>She reports swelling to her BLE and SOB without regards to exertion that feels "as if there is a lump in my throat". Her husband reports she will have labored breathing at times while sleeping; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; It is not known if the patient has had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>shortness of breath , fatigue , smoker; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>shortness of breath when walking and ankle edema.; heartburn.; Quality: dyspnea.; Severity: mild.; Onset/Timing: daily.; Context: with activity.; Alleviating Factors: rest.; Aggravating Factors: activity.; Diabetes: Y.; Hyperlipidemia: Y.; Notes: Acute Cerebro; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	shortness of breath, chest pain, hypertension, hyperlipidemia, palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Shortness of breath, dizziness, severe fatigue.; This study is being ordered for Vascular Disease.; 8/22/2017; There has been treatment or conservative therapy.; Shortness of breath, extreme dizziness, headaches, severe fatigue; Tried Medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Skipped heart beats occurring daily, ECG in the clinic today shows PVCs.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	stage 4 renal failure, cp, dyspnea; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	submaximal exercise stress; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	suspected cardiovascular CAD; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Syncopal episode, episode of dizziness, heart palpitations.&#x0D; Family history of coronary artery disease&#x0D; Heart palpitations&#x0D; Dizziness.&#x0D; Syncope.&#x0D; Abnormal EKG; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; It is not known if the results of the previous nuclear cardiology were normal.</p> <p>syncope, unspecified syncope type, epigastric discomfort, essential hypertension, chronic shortness of breath, COPD, significant family history of coronary artery disease&#x0D; Juanita Heinzman is a 55 y.o. female who presents for establishing care. Pertinent; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is a white male who has known coronary arterial disease. He had PCI in 2005 after an MI. He had bypass surgery in 2009, with LIMA graft to LAD and an unknown SVG. He had PCI in 2016 and in June of this year. He has LAD disease distal to his; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p>	30
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is not diabetic.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p> <p>The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p>	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older.</p>	15
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is 65 or older.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.	29
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for a post myocardial infarction evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had a nuclear cardiology study since having an MI.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	109
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	14
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient has congestive heart failure.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	21

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p> <p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p> <p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	16
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	8
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	14
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	140

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	55

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	17
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	6
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is diabetic.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p> <p>There were EKG changes to suggest ischemia secondary to occlusive coronary arterial disease. # Abnormal EKG finding (R94.31); # HYPERLIPIDEMIA MIXED (E78.2); # MURMURS CARDIAC UNDIAGNOSED (R01.1); # PVD PERIPHERAL VASCULAR DISEASE UNSPECIFIED (I73.9); This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This is a 64 year old male that presents as a new patient, referred by Dr. Simpson for "atypical chest pain and uncontrolled diabetes". Further PMH includes hyperlipidemia, HTN, GERD, and Charcot-Marie-Tooth disease. Patient reports one episode of sharp p; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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</p>	12

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older.	9
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac 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	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The member has known or suspected coronary artery disease.; The BMI is 40 or greater	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders. This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	16
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient has congestive heart failure.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Type 1 diabetes mellitus without complications; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	TYPE 2 DIABETES MELLITUS W/O COMPLICATIONS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Type 2 diabetes mellitus without complications; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Type 2 diabetes mellitus without complications; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Type 2 diabetes mellitus without complications; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Unknown; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; The patient is not diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Unknown; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Unknown; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	10
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Was in the hospital for cp and sob.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	WILL FAX IN; The patient is not diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	WILL FAX IN; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Cardiac-imaging PET scan.; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; No, the patient does not have symptoms including chest tightness, angina and/or shortness of breath on exertion.	1
Cardiology	Approval	78459 Myocardial imaging, PET	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; It is not known if there are EKG findings consistent with cardiomyopathy or myocarditis.; It is not known if there are stress echocardiogram findings consistent with cardiomyopathy or myocarditis.; There are abnormal laboratory findings consistent with cardiomyopathy or myocarditis.; Re evaluate EF post increased dose of Coreg.	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.;	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; < Enter answer here - or Type In Unknown If No Info Given. >;	2
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; chf, dilated cardiomyopathy, abn echo	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; pt with recent non-Q wave MI; technically difficult echo with estimated EF of 40-50%; CHF; sob	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; stemi PCI Post dilated with 4 balloon. dvt/pe stress test. Left heart cath, stent and non obstructive CAD. Fatigue, shortness of breath no chest pain. Device is alarming. numbness in both hands after sleeping, Blood pressure is low.	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are no documented clinical findings consistent with hypertension.; It is not known if there are documented clinical findings consistent with a congenital abnormality.; cp on exertions and palpitations	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/07/2017; There has not been any treatment or conservative therapy.; PT IS HAVING CHEST PAIN W/ EXERTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/2017; There has not been any treatment or conservative therapy.; chest pain , occurs daily , radiates to left arm worsens with exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	A 58 y/o with hx of HPLD and HTN who presents for evaluation of DOE and LE swelling. ECG with significant ST-T abn in the precordial leads but no symptoms currently at rest today. Will get an echo and exercise MPI to assess for structural heart disease ; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; A 58 y/o with hx of HPLD and HTN who presents for evaluation of DOE and LE swelling. ECG with significant ST-T abn in the precordial leads but no symptoms currently at rest today. Will get an echo and exercise MPI to assess for structural heart disease ; A 58 y/o with hx of HPLD and HTN who presents for evaluation of DOE and LE swelling. ECG with significant ST-T abn in the precordial leads but no symptoms currently at rest today. Will get an echo and exercise MPI to assess for structural heart disease ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	chest pain at rest, chest pain, unspecified type; Angela M Smith is a 40 y.o. female who presents as new. Pertinent history includes: tobacco use and family history of early onset CAD, father died at age 52yrs from an MI. Other past medical history is 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.; Patient reports chest pain, present for several months even possibly couple years; There has not been any treatment or conservative therapy.; chest pain at rest, chest pain, unspecified type, left-sided, occurs with and without exertion, nonradiating, and associated with 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 N/A; This study is being ordered for Vascular Disease.; 10/31/2017; There has been treatment or conservative therapy.; Chest pain.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2017; There has not been any treatment or conservative therapy.; Pt has CP, HTN, dyspnea on exertion and first degree AV block from EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	none; This study is being ordered for Vascular Disease.; 10/03/2017; There has not been any treatment or conservative therapy.; I48.91; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	PAST HISTORY ; Past Medical Illnesses: venous insufficiency, HTN, CP, ABN EKG; Cardiovascular Illnesses: ABN EKG, HTN, CP; Infectious Diseases: no history of infectious diseases; Surgical Procedures: fem-pop bypass, vein stripping; ; This study is being ordered for Vascular Disease.; cardiac risk factors include hypertension that has been controlled with lifestyle modification, family history of heart disease, tobacco abuse, and obesity as her body mass index exceeds 30 kg/m2. For the past several weeks, the patient has been experien; It is not known if there has been any treatment or conservative therapy.; Anginal type chest pain and history of 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
Cardiology	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	R/O CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Chest pain, 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
Cardiology	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL		1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	SYNCOPE, CHEST PAINS, SOB, PALPS, DIZZINESS FATIGUE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAS SYNCOPE, WITH CHEST PAINS, SHORTNESS OF BREATH, FATIGUE PALPS AND DIZZINESS; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This 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.	19
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	5
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	5
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an annual review of known valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; It has been 12 - 23 months or more since the last echocardiogram.; Known or suspected valve disease.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an 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) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	6
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	10

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	8
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	7
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; It is unknown if there 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	4
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	11
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	7
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	22
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	4
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	85
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	15
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	23
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	12
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	25
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	7
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	47
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension. We will do a stress echo full study to further evaluate his symptoms.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; Shortness of breath.; Chest pressure.; Fatigue.; Abnormal EKG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	23
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.	1
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.	2
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.	1
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.	3
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation	2
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/07/2017; There has not been any treatment or conservative therapy.; PT IS HAVING CHEST PAIN W/ EXERTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		1

Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/2017; There has not been any treatment or conservative therapy.; Chest pain, Palpatations, shortness of breath and abnormal EKG .; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	He is here for a routine follow up visit. He denies any angina, shortness of breath, orthopnea, or PND. Saw Dr. Thihalolipavan during a period of NSR, elected for conservative therapy. If No Info Given.; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; Pt has 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 Patient with known CAD for follow up stress after PCI/Stent to check re-stenosis; 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 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Patient with known CAD for follow up to check for restenosis.; 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 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	5
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	9
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	2

Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	8
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	94
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		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	4
Cardiology	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Cardiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	headache described as sharp by the member, sever sudden headache starts at for head ends of the back of skull causing dizziness o pint of almost passing out; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Cardiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Ms Cook is here today for check up. She states that she has been feeling ok except has a knot to left buttock that has been there for about 2 weeks. She has life vest on today but states that she has not been wearing it regularly. She denies any fires fro; 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	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Ms. McCurrie is here for a follow up visit. Yesterday she didn't feel well. Then she started to go to the grocery store and had blurry vision. She could not tell the difference between hay bales and fence. Her left eye was worse than the right eye. Her se; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
Cardiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Ms. Story presents today with newly diagnosed HTN, with initially poor response to amlodipine therapy and improved BP on losartan but with associated headache. ROS is ow negative.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Cardiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2
Cardiology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1
Cardiology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Cardiology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1
Cardiology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck. ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	5
Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	3
Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	HX OF LUNG NODULES, HX OF FATIGUE, HX OF HEART FAILURE, HX OF ANGINA.; This study is being ordered for Inflammatory/ Infectious Disease.; 11/20/2017; There has been treatment or conservative therapy.; CHEST PAIN, SOB AND FATIGUE; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 6/2017; It is not known if there has been any treatment or conservative therapy.; chest pain, shortness of breath, fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Barbara returns for f/u of AAA. She was concerned that the US Aorta was inaccurate and requests CTA for further evaluation. She denies obvious abdominal complaints. We discussed my rationale for waiting a year for CTA but she prefers to do this now to avo; 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. F/U known thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	F/U known thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Cardiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Cardiology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Cardiology	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen. < Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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
Cardiology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Cardiology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a MR Angiogram of the abdomen.	1

Cardiology	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	5
Cardiology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a CT scan for evaluation of coronary calcification. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Disapproval	75572 CT Heart	Not Medically Necessary		2
Cardiology	Disapproval	75572 CT Heart	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	CHEST PAIN AND SHORTNESS OF BREATH; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. It is not known if patient has any conditions like diabetes, age over 50 etc.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Angina/Chest Pain, Quality: pressure, Context: exertional; at rest, Associated Symptoms: palpitations, Shortness of Breath upon Exertion; Yes, there is Chronic Chest Pain.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	3
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a noncardiac surgical procedure.; MULTIPLE CORONARY DISEASE RISK FACTORS, CHANGES ON EKG, EJECTION FRACTION OF 45%, HAVING HIP SURY AND NEEDS THIS PRIOR TO THE SURGERY	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.; Patient with complaint of chest pain, exertional and nonexertional. Patient has elevated blood pressure, hyperlipidemia, and a known 40% LAD lesion found on previous CTA coronaries June 2014. Patient has a BMI of 34, intolerant of statins, family history	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Normal stress test with continued chest pain.	1

Cardiology	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; 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	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	5
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) 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); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac 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); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ABOUT 12 YEARS; There has not been any treatment or conservative therapy.; 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); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been 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); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Chest Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/2017; There has been treatment or conservative therapy.; SOB, WEAKNESS; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/12/2017; It is not known if there has been any treatment or conservative therapy.; The pt has ventricular arrhythmia - it revealed a diameter 4.4 cm & then she was placed on a beta blocker. extensial hypertension. checking for structured heart disease.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about a week ago; There has not been any treatment or conservative therapy.; patient is having burning in chest , shortness of breath on extrusion , hypertension , patient has a heart murmur , a seizure disorder , unable to walk with out being short of breath , Hyperlipidemia , and syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 8/19/17; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac 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); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) 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); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	5
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, 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); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	5
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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); single study	Radiology Services Denied Not Medically Necessary	1 angina: he's been having symptoms of chest discomfort over the past couple of months. Sometimes occurs with activity, other times at rest. He describes the discomfort is left sided. Usually radiates to his left shoulder. He states he knows more when he ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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); single study	Radiology Services Denied Not Medically Necessary	58 y.o. male female with h/o DM, HTN, and CHF.  Diagnosed with CHF last month. Associated with DOE. Moderate. Progressive. Had echo at some point but results are unclear. Also c/o chest pain that appears to be nonexertion, pt is diabetic; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	A 58 y/o with hx of HPLD and HTN who presents for evaluation of DOE and LE swelling. ECG with significant ST-T abn in the precordial leads but no symptoms currently at rest today. Will get an echo and exercise MPI to assess for structural heart disease ; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; A 58 y/o with hx of HPLD and HTN who presents for evaluation of DOE and LE swelling. ECG with significant ST-T abn in the precordial leads but no symptoms currently at rest today. Will get an echo and exercise MPI to assess for structural heart disease ; A 58 y/o with hx of HPLD and HTN who presents for evaluation of DOE and LE swelling. ECG with significant ST-T abn in the precordial leads but no symptoms currently at rest today. Will get an echo and exercise MPI to assess for structural heart disease ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	abnormal ekg revealing accelerated junctional rhythm rate 93; This study is 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.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	can not walk on treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Cardiology-RFV: The patient is being seen for a routine clinic follow-up . Reason for visit: cardiomyopathy, coronary artery disease, congestive heart failure and hypertension. ; History of Present Illness; 63 YO presented to MUH with new onset HF, u; This is 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 Carrie L Jordan is a 45 y.o. female who presents today as a new patient, referred by Dr. James Gardner for CHF. Pertinent history includes: HTN. Other past medical history is noted below. Complains of chest pressure over last 3-4 weeks. Also noticed exert; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Complains of chest pressure over last 3-4 weeks; It is not known if there has been any treatment or conservative therapy.; chest pressure, shortness of breath on exertion, bilateral pedal edema, essential hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain at rest, chest pain, unspecified type; Angela M Smith is a 40 y.o. female who presents as new. Pertinent history includes: tobacco use and family history of early onset CAD, father died at age 52yrs from an MI. Other past medical history is 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.; Patient reports chest pain, present for several months even possibly couple years; There has not been any treatment or conservative therapy.; chest pain at rest, chest pain, unspecified type, left-sided, occurs with and without exertion, nonradiating, and associated with 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 Chest pain radiating to the neck and left arm since last month. Exertional dyspnea; Coronary artery disease, 40% LAD stenosis 12/2016; Hypertension; Diabetes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, dyspnea on exertion, 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 patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest pain; heart murmur; family history; Hyperlipidemia and elevated triglycerides; high risk for CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest Pain; Palpitations; Fatigue; and Shortness of Breath; He has been having central chest pain , Sharp pain starts on the left side and then radiates to the middle of the chest , starts of a sharp pain then changes to aching pain lasts for few minu; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Coronary artery disease involving native coronary artery of native heart without angina pectoris   Essential hypertension   Coronary artery disease due to calcified coronary lesion   Precordial pain   Hyperlipidemia with target LDL less than 70  ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Karen Seigrist is a 64 y.o. female who presents for follow up. Pertinent history includes: CAD, HTN, HL. Other past medical history is noted below. Had an episode of chest pain about 2 weeks ago, resolved with SL NTG. Felt tired for couple of day and ever; hydroCHLORothiazide (MICROZIDE) 12.5 mg capsule TAKE 2 CAPSULES BY MOUTH EVERY DAY fenofibrate (LOFIBRA) 160 mg Tablet Take 1 Tablet (160 mg) by mouth daily. HYDROcodone-acetaminophen (NORCO) 10-325 mg Tablet Take 1 Tablet by mouth every 4 hours as need; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology cp, palpitations, hypertension, family hx of cad,smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Crohn's disease, hypertension, shortness of breath,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UNew patient referred Dr Michael Beard, dyspnea with daily life, not at rest, she is a smoker...and angina episode, , bothat rest and exercise, lasting few minutes, and associated dyspnea...known If No Info Given.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	flutters in chest, near syncope event, dizziness, light headed. palpitations- rapid and sustained; rapid Severity: moderate  Duration: lasts minutes Onset/Timing: occurs weekly Context: at rest HDL 170 HDL 43 age 58 Total chol 260 trig 236; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	For the past 6 months she c/o substernal pain. Pressure. Moderate. Lasts 5-10 minutes. Associated with SOB. Worse with exertion. Stable since onset. Pt has back problems; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Having angina, left precordial, last few weeks, with exercise, radiating left arm, with fatigue, and feet and hands cold „dyspnea daily activities. Patient cannot walk on a treadmill and also has an 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 study is not requested for pre op evaluation, cardiac 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); single study	Radiology Services Denied Not Medically Necessary	He had a CT scan in June that showed microhemorrhages and atrophy of the brain.  He has also been diagnosed with a chronic demyelinating disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	L arm pain, diabetes mellitus, hypertension, severely elevated triglycerides, positive family history, abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mr Rogers is a 61 year old male referred for palpitations. It feels like his heart is racing. This started about a month ago. It does not happen every night. He does not notice it during the day. It has gotten better since starting Hydroxyzine. It lasts a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mr. Bradford comes in for follow up last seen October 2016.; This is 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 N/A; This study is being ordered for Vascular Disease.; 10/31/2017; There has been treatment or conservative therapy.; Chest pain.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	No Stress Echos done within 60 mile radius. DIAGNOSES: 1. Chest pain. 2. Family history of coronary artery disease. 3. Smoking.  HISTORY OF PRESENT ILLNESS: Ms. Emerson had 5 minutes of chest pain. It was relatively typical anginal chest pain w; 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); single study	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 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2017; There has not been any treatment or conservative therapy.; Pt has CP, HTN, dyspnea on exertion and first degree AV block from EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>PAST HISTORY &#x0D; Past Medical Illnesses: venous insufficiency, HTN, CP, ABN EKG; Cardiovascular Illnesses: ABN EKG, HTN, CP; Infectious Diseases: no history of infectious diseases; Surgical Procedures: fem-pop bypass, vein stripping; &#x0D; _____; This study is being ordered for Vascular Disease.; cardiac risk factors include hypertension that has been controlled with lifestyle modification, family history of heart disease, tobacco abuse, and obesity as her body mass index exceeds 30 kg/m2. For the past several weeks, the patient has been experien; It is not known if there has been any treatment or conservative therapy.; Anginal type chest pain and history of 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</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient cannot exercise due to dyspnea. Patient's insurance does not authorize myocardial perfusion imaging study using pharmacological stimulation. We are obtaining a two-dimensional echocardiographic Doppler study and it quality of acoustic window then ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>PATIENT HAS BEEN HAVING INCREASING CHEST PAIN AND SHORTNESS OF BREATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; INCREASING 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</p> <p>Patient has history of hypertension, hyperlipidemia.&#x0D; 10 year CV risk assessment score is significantly high at 25%. Presents with complaints of dyspnea on exertion-possible anginal equivalent.; This study is being ordered for Vascular Disease.; Patient has history of hypertension, hyperlipidemia.&#x0D; 10 year CV risk assessment score is significantly high at 25%. Present on 11/13/2017 for new patient evaluation with complaints of dyspnea on exertion-possible anginal equivalent.; It is not known if there has been any treatment or conservative therapy.; Dyspnea on exertion&#x0D; Angina equivalent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>PATIENT HAS BEEN HAVING INCREASING CHEST PAIN AND SHORTNESS OF BREATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; INCREASING 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</p> <p>Patient has history of hypertension, hyperlipidemia.&#x0D; 10 year CV risk assessment score is significantly high at 25%. Presents with complaints of dyspnea on exertion-possible anginal equivalent.; This study is being ordered for Vascular Disease.; Patient has history of hypertension, hyperlipidemia.&#x0D; 10 year CV risk assessment score is significantly high at 25%. Present on 11/13/2017 for new patient evaluation with complaints of dyspnea on exertion-possible anginal equivalent.; It is not known if there has been any treatment or conservative therapy.; Dyspnea on exertion&#x0D; Angina equivalent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient is having cad/angina, htn, hyperlipidemia, HTN, she is eight years out from intervention.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient to be evaluated for suspected coronary artery disease due to chest pain associated with dyspnea on exertion and valvular heart disease due to edema and cardiac murmur.; This study is 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 seen by cardiology with complaint of chest pain, dyspnea on exertion, hyperlipidemia, edema, and cardiac murmur. EKG showed normal sinus rhythm with some lateral ST changes and possible old anteroseptal infarct. Patient has decreased exercise tol; There has not been any treatment or conservative therapy.; chest pain, palpitations, cardiac murmur, edema, hyperlipidemia, dyspnea, nicotine dependence; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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); single study	Radiology Services Denied Not Medically Necessary	Patient with chest pain, dyspnea on exertion.; Risk factors include hypertension, hyperlipidemia, tobacco user 40+ years, strong family history of CAD, father and uncles history of MI.; ECG shows non-specific repolarization abnormalities at baseline.; This study is 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 reports intermittent chest pain and dyspnea on exertion, onset 4-5 months ago; There has not been any treatment or conservative therapy.; Angina; Dyspnea on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient with Exertional chest pain that radiates to the neck and arm is relieved with rest. Family history of CAD with heart attack in brother and father. Also has complaint of palpitations and edema.; 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); single study	Radiology Services Denied Not Medically Necessary	Pressure like chest pain 2 weeks ago. Exertional dyspnea.; Electrocardiogram abnormal.; Obesity.; Tobacco use.; Shortness of breath.; Angina; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pressure like chest pain and exertional dyspnea for 4-6 weeks.; Family History: Father: CAD, CABG, ICD, CHF; # Angina (I20.9); # Hypertension (I10); # Shortness of breath (R06.00); # Tobacco use (Z72.0); 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 Problem List/Impression: 1. Chest pain R07.9; Plan : Nuclear stress test to evaluate for ischemia; 2. Shortness of breath R06.02; Plan : 2D Echo to evaluate LV function and for valvular abnormalities; 3. Palpitations R00.2; Plan : ECG ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt had fall, l arm apin, cp, dizziness, hx of stomach tumor, spinal sx, do non walking; lexiscan stress test; This is 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); single study	Radiology Services Denied Not Medically Necessary	Pt has been having problems lately with DOE and tacycardia on exertion, has a history of post op afib but is now off the amiodarone. He doesn't know if this is atrial fibrillation or now. It is relieved with rest. When; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt has had some indigestion like cp, no arm or neck pain , cp is variable duration , no n/v , , unpredictable , hx of ablation. . Examination of extremities for edema and/or varicosities: Abnormal.Cardiovascular: chest pain. Respiratory: shortness of bre; 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

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt has syncope and can not get on a treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt needs test to obtain clearance from DOT for his job.; 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. R/O CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Chest pain, 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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	r/o CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; few weeks ago; progressively getting worse; There has not been any treatment or conservative therapy.; chest pain and shortness of breath progressively getting worse over the last few weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	r/o CAD; This study is being ordered for Vascular Disease.; 10/09/2017; There has not been any treatment or conservative therapy.; shortness of breath, chest pain with activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Reason for Appointment  1. NSVT    History of Present Illness  HPI:  Ms Skinner is a 63 yo WF with a hx of PAF/AFI, ICD (DOI 6/8/15) and HTN who presents for follow up with NSVT noted on device check. C/o angina, palpitations, dizziness 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 patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	See previous.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	stent; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	submaximal exercise stress; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Supraventricular Tachycardia; Cerebral Infarction Due To Thrombosis Of Unspecified Precerebral Artery; 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); single study	Radiology Services Denied Not Medically Necessary	SYNCOPE, CHEST PAINS, SOB, PALPS, DIZZINESS FATIGUE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAS SYNCOPE, WITH CHEST PAINS, SHORTNESS OF BREATH, FATIGUE PALPS AND DIZZINESS; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient presents the cardiology office for evaluation regarding intermittent episodes of chest pain characterized as tightness in nature with radiation to her bilateral arms over the past several months. The patient has a known history of COPD/restri; 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); single study	Radiology Services Denied Not Medically Necessary	The Pt had spell where he coded 6 months ago, now has syncope, hypertension, dyspnea on exertion, high blood pressure. Pt has history of renal failure. Pt states feels like heart is going to pound out of chest.; 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); single study	Radiology Services Denied Not Medically Necessary	This is a 62 -year-old gentleman with history of coronary artery disease, previous percutaneous transluminal coronary angioplasty stent to the right coronary artery, 20% circumflex lesion, hypertension, hyperlipidemia who returns to clinic with complaint ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	3
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	5
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	15
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is suspicious for angina pectoris. No ischemic changes on her EKG. A pharmacological stress test will be obtained for assessment of ischemia. An echocardiogram will also be obtained for evaluation of her left ventricular function.; 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); single study	Radiology Services Denied Not Medically Necessary	Type 2 diabetes mellitus without complications; 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); single study	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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 unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/13/2017; There has not been any treatment or conservative therapy.; patient is having chest pain and shortness of breath on exertion, dizziness, fatigue and chest pain weak patient up during the night; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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); single study	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 6/2017; It is not known if there has been any treatment or conservative therapy.; chest pain, shortness of breath, fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; chest pain and Shortness of Breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	will FAX xclinical; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is not presenting any new cardiac signs or symptoms.; currently in cardiac rehab and progressing at an expected pace. He is still having some pleuritic type pain but no typical anginal type CP. His SOB / DOE has improved.	1
Cardiology	Disapproval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis;	1
Cardiology	Disapproval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ABOUT 12 YEARS; There has not been any treatment or conservative therapy.; 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; chest pain , shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Chest Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/5/2017; There has not been any treatment or conservative therapy.; chest pain, shortness of breath.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/2017; There has been treatment or conservative therapy.; SOB, WEAKNESS; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/12/2017; It is not known if there has been any treatment or conservative therapy.; The pt has ventricular arhythmia - it revealed a diameter 4.4 cm & then she was placed on a beta blocker. extensial hypertension. checking for structured heart disease.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about a week ago; There has not been any treatment or conservative therapy.; patient is having burning in chest , shortness of breath on extrusion , hypertension , patient has a heart murmur , a seizure disorder , unable to walk with out being short of breath , Hyperlipidemia , and syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 8/19/17; 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/2017; There has not been any treatment or conservative therapy.; Chest pain, Palpatations, shortness of breath and abnormal EKG .; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	abnormal ekg revealing accelerated junctional rhythm rate 93; This study is 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.; 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Carrie L Jordan is a 45 y.o. female who presents today as a new patient, referred by Dr. James Gardner for CHF. Pertinent history includes: HTN. Other past medical history is noted below. Complains of chest pressure over last 3-4 weeks. Also noticed exert; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Complains of chest pressure over last 3-4 weeks; It is not known if there has been any treatment or conservative therapy.; chest pressure, shortness of breath on exertion, bilateral pedal edema, essential hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Coronary artery disease involving native coronary artery of native heart without angina pectoris   Essential hypertension   Coronary artery disease due to calcified coronary lesion   Precordial pain   Hyperlipidemia with target LDL less than 70  ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Karen Seigrist is a 64 y.o. female who presents for follow up. Pertinent history includes: CAD, HTN, HL. Other past medical history is noted below. Had an episode of chest pain about 2 weeks ago, resolved with SL NTG. Felt tired for couple of day and ever; hydroCHLORothiazide (MICROZIDE) 12.5 mg capsule TAKE 2 CAPSULES BY MOUTH EVERY DAY fenofibrate (LOFIBRA) 160 mg Tablet Take 1 Tablet (160 mg) by mouth daily. HYDROcodone-acetaminophen (NORCO) 10-325 mg Tablet Take 1 Tablet by mouth every 4 hours as need; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; Pt has 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	PATIENT HAS BEEN HAVING INCREASING CHEST PAIN AND SHORTNESS OF BREATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; INCREASING 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Patient has history of hypertension, hyperlipidemia. 10 year CV risk assessment score is significantly high at 25%. Presents with complaints of dyspnea on exertion-possible anginal equivalent.; This study is being ordered for Vascular Disease.; Patient has history of hypertension, hyperlipidemia. 10 year CV risk assessment score is significantly high at 25%. Present on 11/13/2017 for new patient evaluation with complaints of dyspnea on exertion-possible anginal equivalent.; It is not known if there has been any treatment or conservative therapy.; Dyspnea on exertion Angina equivalent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Patient to be evaluated for suspected coronary artery disease due to chest pain associated with dyspnea on exertion and valvular heart disease due to edema and cardiac murmur.; This study is 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 seen by cardiology with complaint of chest pain, dyspnea on exertion, hyperlipidemia, edema, and cardiac murmur. EKG showed normal sinus rhythm with some lateral ST changes and possible old anteroseptal infarct. Patient has decreased exercise tol; There has not been any treatment or conservative therapy.; chest pain, palpitations, cardiac murmur, edema, hyperlipidemia, dyspnea, nicotine dependence; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Patient with chest pain, dyspnea on exertion. Risk factors include hypertension, hyperlipidemia, tobacco user 40+ years, strong family history of CAD, father and uncles history of MI. ECG shows non-specific repolarization abnormalities at baseline.; This study is 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 reports intermittent chest pain and dyspnea on exertion, onset 4-5 months ago; There has not been any treatment or conservative therapy.; Angina Dyspnea on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	r/o CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; few weeks ago; progressively getting worse; There has not been any treatment or conservative therapy.; chest pain and shortness of breath progressively getting worse over the last few weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	r/o CAD; This study is being ordered for Vascular Disease.; 10/09/2017; There has not been any treatment or conservative therapy.; shortness of breath, chest pain with activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	remarkable htn; lose of consciousness; referred to cardiologist for further asst; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/14/2017; There has not been any treatment or conservative therapy.; chest pressure; htn; hypothyroidism; dizziness; hyperlipidemia; syncope; leg edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Shortness of breath, dizziness, severe fatigue.; This study is being ordered for Vascular Disease.; 8/22/2017; There has been treatment or conservative therapy.; Shortness of breath, extreme dizziness, headaches, severe fatigue; Tried Medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	5
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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.	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	5
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	11
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/13/2017; There has not been any treatment or conservative therapy.; patient is having chest pain and shortness of breath on exertion, dizziness,figtue and chest pain weak paitent up during the night; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; chest pain 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	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	Radiology Services Denied Not Medically Necessary	We will do a stress echo full study to further evaluate his symptoms.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; Shortness of breath. Chest pressure. Fatigue. Abnormal EKG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	Follow up evaluation after PCI; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	2
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	We will do a stress echo full study to further evaluate his symptoms.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; Shortness of breath. Chest pressure. Fatigue. Abnormal EKG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1

Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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
Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has 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
Chiropractic Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more than once for these symptoms.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; 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
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Unknown	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Neurosurgeon also requested imaging for pre-op 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.; 05/02/2017; There has been treatment or conservative therapy.; Severe neck and mid back pain with radiating pain down his left arm. Limited range of motion; Chiropractic care, physical therapy, 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
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	REASON:OSTEOARTHRITIS OF SPINE WITH RADICULOPATHY,CERVICAL REGION DETERMINE CAUSE OF PAIN AND SYMPTOMS; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in left hand,narrowing of severe C5 C6, DISC SPACE NARROWING AND FORAMINAL NARROWING.ACTIVE ROM-DESCRIPTION:ACTIVE PAINFUL RANGE OF MOTION Duration of Symptoms: Start: 07/26/2017   Physical Exam Findings: Left neck.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Occurs frequently. Pain lev; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; Yes, there is evidence of recent development of unilateral muscle wasting.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	10
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis. This is a request for cervical spine MRI; Neurological deficits; &Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Has sluggish reflex in right side. reflex is 1+; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; &Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	2
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	6
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt suffers with back pain.	1
Chiropractic Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	&Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Chiropractic Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Chiropractic Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Neurosurgeon also requested imaging for pre-op 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.; 05/02/2017; There has been treatment or conservative therapy.; Severe neck and mid back pain with radiating pain down his left arm. Limited range of motion; Chiropractic care, physical therapy, 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
Chiropractic Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Chiropractic Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Chiropractic Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; 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
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	M48.8x6 Lumbar facet joint syndrome  History / Dx: M54.16 Lumbar radiculitis History / Dx:   Physical Exam Exam Findings Details Chiro Adjustments * Adjustments: Manipulated Lumbar Spine and Lumbosacral with Chiropractic Manipulative Therapy ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	24
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	8
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Chiropractic Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	r/o fracture due to cancer; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	3
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Bypass; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1

Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Chiropractic Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1. sl joint pain  Onset: 2 days ago. It occurs constantly (76-100% day) and is worse . Location: left joint pain. Pain level is 5. The pain radiates to the left buttock. The pain is aching, dull, tightness and sore. The pain is aggravated by liftin; This is a requests for a hip MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1
Chiropractic Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2
Chiropractic Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Chiropractic Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 08/2017; There has been treatment or conservative therapy.; left side head pain, eye pain, dizziness, headaches; CHIROPRACTIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; 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

Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Spur lings test is positive on left.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the grip on left hand. 50% vs right.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; X-rays taken on 10/30; Tingling in finger; Over the counbter anti inflam	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 08/2017; There has been treatment or conservative therapy.; left side head pain, eye pain, dizziness, headaches; CHIROPRACTIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Want to rule out possible herniations and space occupying lesions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/06/2017; There has been treatment or conservative therapy.; Bilateral radiating low back pain and cervico-thoracic pain radiating into both shoulders with Migraine headaches.; She has been under conservative Chiropractic treatment with mechanical traction and manipulative therapy since 9/13/17 with minimal results to this point.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Want to rule out possible herniations and space occupying lesions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/06/2017; There has been treatment or conservative therapy.; Bilateral radiating low back pain and cervico-thoracic pain radiating into both shoulders with Migraine headaches.; She has been under conservative Chiropractic treatment with mechanical traction and manipulative therapy since 9/13/17 with minimal results to this point.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Want to rule out possible herniations and space occupying lesions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/06/2017; There has been treatment or conservative therapy.; Bilateral radiating low back pain and cervico-thoracic pain radiating into both shoulders with Migraine headaches.; She has been under conservative Chiropractic treatment with mechanical traction and manipulative therapy since 9/13/17 with minimal results to this point.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chiropractic therapy has not helped with sciatica pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 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
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Want to rule out possible herniations and space occupying lesions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/06/2017; There has been treatment or conservative therapy.; Bilateral radiating low back pain and cervico-thoracic pain radiating into both shoulders with Migraine headaches.; She has been under conservative Chiropractic treatment with mechanical traction and manipulative therapy since 9/13/17 with minimal results to this point.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Chiropractic Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. Shoulder instability, chronic pain, weakness in the upper extremity. Weakness and numbness. Meloxicam and metocarbamol not touching pain or helping with condition.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Chiropractic Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Chiropractic Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	COLON CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX		Restaging of rectosigmoid 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
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX		Rectal cancer patient just had surgery and Dr. Rogers is requesting an MRI-Pelvis to check to see if the surgery was successful in getting the cancer.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Colon & Rectal Surgery	Approval	72196 MRI PELVIS		This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	3
Colon & Rectal Surgery	Approval	72196 MRI PELVIS			3

Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	COLON CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging of rectosigmoid 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
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; MR enterography to rule out disease of the small bowel prior to surgical therapy	1
Colon & Rectal Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient has completed radiation on 10/27/2017. Now restaging evaluation is needed prior to surgical resection.	1
Colon & Rectal Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.	1
Colon & Rectal Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Colon & Rectal Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1

Colon & Rectal Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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
Colon & Rectal Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Colon & Rectal Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested 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
Dermatology	Approval	70450 CT BRAIN, HEAD		Perry neural inflammation.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Dermatology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		Perry neural inflammation.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Dermatology	Approval	71250 CT CHEST, THORAX		Perry neural inflammation.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	3
Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Axial neck pain consistent with internal disc disruption at C6-7 versus C5-6 versus C4-5 versus bilateral facet joint arthrosis at C6-7 versus C5-6. At this time I feel it is prudent to move forward with cervical discography C3 through C7 to identify pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There is no known condition of tumor, infection, or neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Doctors and Rehabilitation	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	3
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	6
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/2017; There has been treatment or conservative therapy.; Back spasms Chronic neck & back pain Tenderness pn left side Numbness Tingling Weakness; PT Diclofenac Gabapentin Norco Baclofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; chronic Pain , numbness in hands, sleep disturbance, decrease strength and flexibility; medication therapy , chiropractic care, 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
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; 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
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, 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
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAID's, P.T. And C-RFA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain 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</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, home exercises, pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Given the severity of the patient's pain and functional limitation, in preparation for interventions and no relief with conservative measures as outlined above I would recommend advanced imaging of the cervical and thoracic spine with an MRI; This study is being ordered for a neurological disorder.; Unknown, many years; There has been treatment or conservative therapy.; Many years neck and mid back pain with numbness and tingling in both hands.; Physical therapy, home exercise program and NSAIDs with unfortunately limited sustained relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Surgical consult; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 2011; There has been treatment or conservative therapy.; Chronic pain increasing pain; Spinal injections medication management 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
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	8
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	10
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	5

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	2
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	7
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	30
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	2
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Given the severity of the patient's pain and functional limitation, in preparation for interventions and no relief with conservative measures as outlined above I would recommend advanced imaging of the cervical and thoracic spine with an MRI.; This study is being ordered for a neurological disorder.; Unknown, many years; There has been treatment or conservative therapy.; Many years neck and mid back pain with numbness and tingling in both hands.; Physical therapy, home exercise program and NSAIDs with unfortunately limited sustained 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
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	3
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	8

Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to pre-operative evaluation.; Continued thoracic pain in spite of conservative treatment to include PT, home exercise, NSAIDs, neuropatic agents and prior surgery.	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is a known condition of neurological deficits.; The study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/2017; There has been treatment or conservative therapy.; Back spasms Chronic neck & back pain Tenderness pn left side Numbness Tingling Weakness; PT Diclofenac Gabapentin Norco Baclofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; chronic Pain , numbness in hands, sleep disturbance, decrease strength and flexibility; medication therapy , chiropractic care, 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
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4 years ago; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; back brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAID's, P.T. And C-RFA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain 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</p>	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pan medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, home exercises, pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Surgical consult; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 2011; There has been treatment or conservative therapy.; Chronic pain increasing pain; Spinal injections medication management physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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?</p>	2
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection</p>	130

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	5
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	4
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Doctors and Rehabilitation	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Doctors and Rehabilitation	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	No relief with medication, brace and physical therapy. Need MRI to access elbow pain further and identify injection area.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/11/2015; There has been treatment or conservative therapy.; Bilateral elbow pain and weakness; Brace and 16 visits of physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	4
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	3
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Evaluate the mass in the foot/ankle; This study is being ordered for a neurological disorder.; 6/20/2017; There has been treatment or conservative therapy.; He does have an undetermined mass near the tendon on the dorsum of the right foot at the ankle. Right foot drop; Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	2
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion. ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2

Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	2
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Doctors and Rehabilitation	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		Yes, this is a request for CT Angiography of the abdominal arteries.	1
Doctors and Rehabilitation	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Patient is having shoulder & neck pain along with numbness & tingling.; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004; There has been treatment or conservative therapy.; back pain, headaches and head injury; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Doctors and Rehabilitation	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2

Doctors and Rehabilitation	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	CT post disography.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI. 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	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; back pain; physical therapy and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; ; 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
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, 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
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, 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
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medications, NSAIDs, 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
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, chiropractor, NSAIDs, pain medications, injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, ibuprofen, home exercises, muscle relaxers, 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
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, 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	3
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medications, NSAIDs, 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
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck, back and left knee pain; pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1

Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; neck pain Plain films C-spine flexion/extension 3/28/2017 at OA - on my review, there is evidence of fairly severe disc height loss at C5-C6 with endplate sclerosis and anterior osteophytosis in comparison to adjacent segments, and moderate upper cervical < Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; back pain; physical therapy and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; 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 ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; NSAIDs, 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 ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; physical therapy, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
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Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, 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	3
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medications, NSAIDs, 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
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; He has radicular symptoms in the thoracic region. He has previously tried physical therapy, home exercise program, NSAIDs and chiropractic care with unfortunately limited sustained relief. He had epidural injections several years ago with excellent relief	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Mrs. McBride presents for evaluation of many years mid and low back pain. She has previously tried physical therapy, home exercise program, NSAIDs, muscle relaxants and injections with unfortunately limited sustained relief.	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004; There has been treatment or conservative therapy.; back pain, headaches and head injury; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; NSAIDs, 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
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; physical therapy, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, 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
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, 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
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medications, NSAIDs, 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

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, chiropractor, NSAIDs, pain medications, injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, ibuprofen, home exercises, muscle relaxers, 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
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, 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	3
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medications, NSAIDs, 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
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck, back and left knee pain; pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	increased pain in lower back; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	3
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Doctors and Rehabilitation	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	increased pain in lower back; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Doctors and Rehabilitation	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	She has failed to find relief with conservative measures; This study is being ordered for a neurological disorder.; 02/14/2017; There has been treatment or conservative therapy.; Right groin and thigh pain with associated numbness and tingling over the anterior thigh.; Physical therapy, home exercises, injections and Lyrica; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; bilateral knee pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck, back and left knee pain; pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications < 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.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; back brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	extreme hip pain and giving out causing pt to fall.; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	1
Doctors and Rehabilitation	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	She has failed to find relief with conservative measures; This study is being ordered for a neurological disorder.; 02/14/2017; There has been treatment or conservative therapy.; Right groin and thigh pain with associated numbness and tingling over the anterior thigh.; Physical therapy, home exercises, injections and Lyrica; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD		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
Emergency Medicine	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Emergency Medicine	Approval			"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

Emergency Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.;; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.;; This is a request for a Brain MRA. < 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
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt had abnormal ct in er for headache and needs follow up MRI.;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.;; The headache is described as sudden and severe.;; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.;; There is not a new and sudden onset of a headache less than 1 week not improved by medications.;; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R51 Chronic intractable headache,Headache, seizures, Nausea, vomiting,Headache, seizures, Nausea, vomiting,1. headache  The severity of the problem is severe. The problem has not changed. The symptoms are constant. Locations affected include enti; 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
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;; The headache is described as chronic or recurring.;; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	5
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;; The headache is described as sudden and severe.;; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	4
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.;; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.;; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	2
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.;; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Emergency Medicine	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.;; This is a request for a Chest CT.;; Yes this is a request for a Diagnostic CT	2
Emergency Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.;; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.;; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).;; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.;; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.;; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;; No, this patient did not have a recent course of supervised physical Therapy.	1

Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; Follow-up to Surgery or Fracture within the last 6 months; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.	1
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Emergency Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; 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 Physical Exam Exam Findings Details Constitutional Comments Gen- pleasant, NAD Chest- ctab, no w/c/r Heart- rrr, s1s2 Abd-soft, nt,nd,bs+ Back- mild lumbar ttp bilat, SLR + bilat  Ext- no c/c/e Neuro- nml sensation, 2+ R patella DTR, 3+ L pate; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; EVIEW OF SYSTEMS  System Negative Positive Comments  Constitutional  Fatigue.   Neuro / Psychiatric  Extremity weakness, Gait disturbance, Numbness in extremity.   Musculoskeletal  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
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	3
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	6
Emergency Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	2
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	3
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	1
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Emergency Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	2

Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has 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.; ulcers on both right and left feet	2
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; It is not known if surgery is planned for in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or 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
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	1

Emergency Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.; The patient has a documented limitation of their range of motion.	1
Emergency Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	4
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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

Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old. The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non- nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Emergency Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY			1
Emergency Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL			1
Emergency Medicine	Disapproval	70450 CT BRAIN, HEAD	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. This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2
Emergency Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
Emergency Medicine	Disapproval	71250 CT CHEST, THORAX	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 chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	severe neck pain,Onset: sudden with injury. Severity level is moderate-severe. The problem is worsening. Location of pain is middle back, lower back and neck.The patient describes the pain as sharp and shooting. Context: motor vehicle accident. Symptoms a; 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
Emergency Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

				Physical Exam; Exam; Findings; Details; Constitutional; Comments; Gen- alert, pleasant, appears in pain, sitting very still; Heart- RRR, S1S2; Lungs- CTAB, no w/c/r; Skin- warm/dry; Neck- C-spine ttp, no stepoff; T-spine ttp, guarding.; The patient does have neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine CT.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is not experiencing or presenting abnormal gait, lower extremity weakness, asymmetric reflexes, recent fracture, or radiculopathy.; The patient is experiencing sensory abnormalities such as numbness or tingling.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary		
Emergency Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will fax; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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
Emergency Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Patient had a pelvic/pubic bone fracture at age 13. They state there was a benign bone tumor present and was seen by a children's hospital for several years. Patient states pain went away but has been reoccurring within the last 2 days. Pain is worse when; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1
Emergency Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Emergency Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Emergency Medicine	Disapproval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hypothyroidism due to Hashimoto's thyroiditis; Patient has a lump on right lower thigh.; The patient diagnosis is: Lipoma of right lower extremity; Is this a request for one of the following? MR Angiogram lower extremity	1

Emergency Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested 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
Emergency Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		Evaluate for reoccurrence; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; The patient has been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	3
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	8
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST			2

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p> <p>Doctor is wanting MRI brain done of his pituitary. He was; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>PATIENT HAS A BENIGN NEOPLASM PITUITARY TUMOR; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>PCSO, Elevated Prolactin levels.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Pituitary hormone that control the testes was low and a hormone called prolactin which may affect the testosterone was mildly high. Due to this I would like to order MRI of pituitary gland without and with contrast to make sure there is no pituitary patho; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.</p>	1

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	r/o pituitary adenoma; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	2
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	5
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.; This is NOT a Medicare member.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	3
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	3
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Endocrinology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Endocrinology	Approval	71250 CT CHEST, THORAX		1

Endocrinology	Approval	71250 CT CHEST, THORAX	Evaluate for reoccurrence; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Endocrinology	Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	2
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Yearly follow up of mass; 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
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Evaluate for reoccurrence; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1

Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74181 MRI ABDOMEN		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; unknown	1
Endocrinology	Approval	75571 Coronary Artery Calcium Score, EBCT		; This is a request for a CT scan for evaluation of coronary calcification.	1
Endocrinology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient had a thyroidectomy and radioiodine ablation.; The patient does NOT have a serum thyroglobulin level greater than 10ng/mL.; The patient has Thyroid cancer.; This is NOT a Medicare member.	1
Endocrinology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient 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.; The patient has Thyroid cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Endocrinology	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Endocrinology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Endocrinology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LOW TESTRONE; 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
Gastroenterology	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Gastroenterology	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Gastroenterology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Gastroenterology	Approval	71250 CT CHEST, THORAX	3 cm rectal mass just inside the anal canal that was palpable. Biopsies were obtained and were found to be suspicious for a colorectal adenocarcinoma, although there was notably extensive high-grade dysplasia and areas suspicious for adenocarcinoma, but ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	71250 CT CHEST, THORAX	adenocarcinoma of cecum; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT Hematuria; This study is being ordered for Inflammatory/ Infectious Disease.; 12/6/17; There has been treatment or conservative therapy.; Blood in urine and abdominal pain, anemia.; Antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; It is unknown what if anything else is related to this request for imaging of a known cancer or tumor.; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	patient has e-unexplained weight loss; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	71550 MRI CHEST 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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. The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Gastroenterology	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONT RAST	This is a request for a pelvis CT angiography.	1
Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST	CT shows abcess in 2016; 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
Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Imaging is to determine if tumor is malignant.; 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

Gastroenterology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Gastroenterology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 9/17/17; There has been treatment or conservative therapy.; abdominal pain, anemia; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	72196 MRI PELVIS	hx ulcerative colitis, suspected anal fistula, anal diarrhea, hx diverticulosis; This is a request for a Pelvis MRI.; This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?; The request is not for any of the listed indications.	1
Gastroenterology	Approval	72196 MRI PELVIS	Pt has abnormal CT 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.; 11/8/2017; There has been treatment or conservative therapy.; Abdominal pain, diarrhea, nausea and vomiting; Pt has tried multiple PPI medication and antibiotics to treat symptoms 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
Gastroenterology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		7
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for 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	5
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abdominal pain. abnormal imaging. bloating. diarrhea, rectal gas. flatulence; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abnormal Imaging, Hep C, Cirrhosis, Hepatoma Surveillance; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abnormal ultrasound revealed indeterminate complex cystic structure in LUQ between spleen and left kidney. Recommending triple phase CT abdomen be performed for further eval.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Cirrhosis of liver, Abnormal Liver Tests Duration: present for 1-5 year severity: AST:73; ALT:56, History of Hepatitis; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	EPIGASTRIC PAIN WITH TENDERNESS, ABNORMAL LFTS, PPIs NOT HELPING. EGD NORMAL, HAS HAD PAIN THAT IS SHARP AND INTERMITTENT FOR SEVERAL MONTHS.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Has large non reducible incisional hernia. Has already been repaired once. Having pain for last week along with weight loss. Status post liver transplant.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pancreatic Cyst on EUS, Nausea 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

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient had an abnormal Ct can and we would like to look closer to her pancreas .; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	patient has a lesion in the 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
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt is not feeling well, no improvement.; 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 CT ABDOMEN WITHOUT CONTRAST	Severe chronic abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	8
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	13
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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 abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Unknown.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Gastroenterology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the abdomen.	4
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 cm rectal mass just inside the anal canal that was palpable. Biopsies were obtained and were found to be suspicious for a colorectal adenocarcinoma, although there was notably extensive high-grade dysplasia and areas suspicious for adenocarcinoma, but ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Acute abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	adenocarcinoma of cecum; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Courtney Shannon is a 25 year old female referred by Dr. Randy Walker.apt the patient is here today with a several year history of crampy left-sided abdominal pain and diarrhea. The patient says that she had a CAT scan about a year ago that showed an ad; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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 CT ABD & PELVIS W/O CONTRAST	Courtney Whitaker is a 29 year old female referred by Dr. Russell Mayo. The patient underwent a hysterectomy in August of 2017 and then presented to a local emergency room in September of 2017 with worsening abdominal pain and severe constipation. The pa; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT Hematuria; This study is being ordered for Inflammatory/ Infectious Disease.; 12/6/17; There has been treatment or conservative therapy.; Blood in urine and abdominal pain, anemia.; Antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Hx abnormal CT , abdominal pain recurring; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ms Davis is a 29 y/o F who is in GI clinic for evaluation of abdominal pain x 1 year. It is located in lower abdomen- mainly on the right side. It is constant with intermittent worsening, sharp in character with cramping / burning feeling in between. She ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 patient has e-unexplained weight loss; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has lost a good amount of weight in the past year, and we would like to do a CT scan so see if we can find out the reason.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt. is still having continuing abdominal pain since 2016.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT rectal cancer; 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 not 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	6
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	25
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient has Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	7
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; EDG on 08/11/17 hx of chronic constipation no fever or rash; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; follow up of Epiploic Appendagitis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Primary Hemochromatosis, Reflux; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; R10.12 Left upper quadrant pain, Findings: Left upper quadrant pain, hiatal hernia, delayed gastric emptying, and GERD,GASTROESOPHAGEAL REFLUX DISEASE,ESOPHAGITIS,CHRONIC PAIN; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; UNKNOWN; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	8
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	19
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	2

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The 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	27
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	7
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	10
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is 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 CT ABD & PELVIS W/O CONTRAST	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

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74181 MRI ABDOMEN		8
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for an Abdomen MRI.; This study is 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
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 9/17/17; There has been treatment or conservative therapy.; abdominal pain, anemia; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 or 5 months ago; It is not known if there has been any treatment or conservative therapy.; The pt has right upper quadrant pain, findings on the ultrasound recommended that she have these procedures for further eval.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Dec 22 2017; There has not been any treatment or conservative therapy.; Nausea Diarrhea Abdominal Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	33 year old african american male with Type 1 DM and seizures was referred for abnormal liver chemistries.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	CIRRHOSIS OF LIVER,CHRONIC HEPATIC FAILURE, ADB PAIN. Needs MRI of liver due to minimally elevated AFP.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	CT scan showed Hepatomegaly with severe fatty infiltration; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	Pt has abnormal CT 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.; 11/8/2017; There has been treatment or conservative therapy.; Abdominal pain, diarrhea, nausea and vomiting; Pt has tried multiple PPI medication and antibiotics to treat symptoms 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

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" < Enter answer here - or Type In Unknown If No Info Given. >; lesion on the liver seen on previous CT	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;"	10
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" < Enter answer here - or Type In Unknown If No Info Given. >;	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" 1. abnormal pain  63 yo referred by Dr. Cooke for referred abnormal imaging  Patient with history of HP infection, no other issues Patient with abdominal pain, had CT in July  - Pneumobilia  - Dudodenal inflammation  Reports that currently she f	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" Abd pain. High likelihood of gallstone pain. Since aminotransferases were markedly elevated, I am concerned about a CBD stone. Pt needs urgent MRCP	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" Initially CT scan was in August when he had complaints of abdominal pain and he had a pancreatic cyst but no evidence of pancreatitis on CT scan	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" pt has developed epigastric pain last month. pt has a past history of elevated GGT, Alkphase. Recent EGD was done which revealed gastritis. An ultrasound was performed on 12-4-17 which did reveal sludge in the gallbladder. pt still have epigastric pai	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" She went to WRMC ER on Sept. 5th with abdominal pain and n/v. Her WBC was 26,000. She was given IVF, anitemetics and abx. A CT scan was recommended but she had been in the ER over 5 hours and wanted to go home. She was told to f/u here. She was diagnosed	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; none	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Pt with a HX of Auto-Immune Hepatitis. Recent US showed lobulation & MRI was recommended for further evaluation	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; R10.11, PANCREATIC DUCT DISORDER,	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient with hepatocellular carcinoma being evaluated for a liver transplant. Imaging is to determine size of tumor.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	5
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 1.6 CT LOBE OF THE LIVE, POSSIBLE LESION OR MASS..	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Abnormal CT revealing liver lesion	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Abnormal CT scan revealing liver lesion.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Abnormal imaging requires further study	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" CT ABD FINDINGS: 1. Marked heterogeneity and cirrhotic appearance of the liver. There are areas of focal hypodensity within the liver which likely represent areas of fatty infiltration. There is also stellate enhancement within the right hepatic lobe nea	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" No focal lesions seen but however showed some hypodensity in the distal splenic vein ? For thrombus. Will get MRI abdomen with and without contrast. She has a metal plate, spoke to radiology and they mentioned its ok to proceed with MRI.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Onset: 4 years ago. Location is LUQ, RUQ. There is radiation to back. The patient describes it as burning. Context: no pattern noted. Symptom is aggravated by constipation. Relieving factors include rest. Associated symptoms include back pain, chan	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Patient with a history of hepatocellular cancer and who currently has Hepatitis C and is experiencing abdominal pain. Was sent for US abdomen today and there were multiple liver masses found.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Patient with abdominal distention, abdominal pain, constipation, diarrhea, nausea and vomiting, diaphoresis and unexpected weight change. Abdomen Ultrasound: Impression 10 mm indeterminate echogenic lesion in the posterior right hepatic lobe. Further eva	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pt had abnormal ct scan, further characterization	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pt has a lesion in the iver and the MD is watching for growth over the next 3 months.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study.";	2
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	2
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ,Abnormal CT scan, lung,ings: Abnormal CT scan of lung and liver,enhancement on the delayed images. PET/CT or MRI could be performed for further evaluation. An indeterminate 7 mm low-density lesion is seen in segment 4 the liver which is too small to char	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Hereditary pancreatitis, pt has herediatriy pancreatitis. recently hospitalized x7 days with acute pancreatitis. treated with iv fluids, bowel rest and pain control. has had nausea/vomiting- unable to eat/drink without pain,&#xOD; CT 10/7/17 showed inflammatory	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Liver lesion seen on abdominal ultrasound in patient with hx hep c and cirrhosis	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has a liver lesion that has been found on prior imaging. It is likey a hemangioma, but radiologist has recommended follow up MRI to evaluate and make sure that there have not been any changes.	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; PROCEDURE(S): MRI ABD W/WO CONTRAST; MRI of the abdomen with and without contrast dated 12/27/2016; History: Pancreatic cyst.; Comparison: 12/8/2015.; Technique: Routine MRI imaging of the abdomen before and after 10 cc of Gadavist intravenous co	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; unknown	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; & Enter answer here - or Type In Unknown If No Info Given. &	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.";	4
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; See above	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	3
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; & Enter answer here - or Type In Unknown If No Info Given. &	2
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is 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.; Abnormal Ultrasound showing liver lesion increased in size. Need further evaluation.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Epigastric abdominal pain	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Epigastric abdominal pain, Diarrhea, Right lower quad pain, Abdominal pain unspecified	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; fatty liver	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; liver cyst	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; MRE was done in 3/2017 to evaluate small bowel disease which showed a 4cm long distal TI stricture	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Overall findings are suggestive of partial small-bowel obstruction and enteritis, with associated inflammatory changes of the distal jejunum and ileum. Findings are nonspecific, though could potentially be related to Crohn's disease. Magnetic resonan	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; patient may have hemangioma. abnormal US. showed left hepatic lobe.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt found to have a 1.2 cm hypoechoic 'nodule' on sono in the R lobe of his liver	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt with abnormal duodenum, papilla seen in EGD and US. Duodenal fistula. Hx of choledocholithiasis	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Recurrent anal fissure, abdominal pain, gi bleed, Hematochezia, needing to rule out Crohn's	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; suspicion of pancreatic cancer	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; unknown	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; us gallbladder shows:  IMPRESSION: 1. Liver is prominent in size and diffusely fatty infiltrated. 2. 12 mm hypoechogenic nodule right lobe liver	1
Gastroenterology	Approval	74181 MRI ABDOMEN	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2017; There has not been any treatment or conservative therapy.; nausea, vomiting, upper pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74181 MRI ABDOMEN	We will plan for MRI of the abdomen with MRCP to evaluate her biliary tree and liver parenchyma.; This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	< Enter answer here - or Type In Unknown If No Info Given. >; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	3
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	Patient is unable to stop his blood thinner (Warfin) to under go sedation.; 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 CT Colonography, diagnostic without contrast	unknown; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74263 CT Colonography, screening	This is a request for CT Colonoscopy for screening purposes only.	2
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT	Patient currently be evaluated for a liver transplant. Imaging is to be evaluated for cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT	Patient is currently being evaluated for listing for a liver transplant. Testing is to evaluate for cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT	Patient with currently being evaluated for a liver transplant. Imaging is to determine cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient currently being evaluated for listing for a liver transplant. Patient has abnormal EKG and needs further cardiac assessment.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is currently being evaluated for a liver transplant. Testing is to evaluate cardiac abnormalities.; This study is being ordered as a pre-operative evaluation.; The patient had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is currently being evaluated for listing for a liver transplant. Testing is to determine rather patient has cardiac abnormalities in the pre-operative phase of the evaluation.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; The results of the previous nuclear cardiology study were normal.	1
Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Gastroenterology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Gastroenterology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Gastroenterology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Gastroenterology	Approval	S8037 mrcp		1
Gastroenterology	Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	2

Gastroenterology	Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 or 5 months ago; It is not known if there has been any treatment or conservative therapy.; The pt has right upper quadrant pain, findings on the ultrasound recommended that she have these procedures for further eval.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Dec 22 2017; There has not been any treatment or conservative therapy.; Nausea Diarrhea Abdominal Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	S8037 mrcp	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	4
Gastroenterology	Approval	S8037 mrcp	cystic lesion of pancreas; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	FAX; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	pain, nausea, vomiting, diarrhea, ultrasound shows fatty liver and slightly dilated bile ducts; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	Patient c/o abdominal pain with elevated LFT's and abnormal ultrasound revealing gallstones and dilated common bile duct.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	PATIENT IS COMPLAINING OF ABDOMINAL CRAMPING, WEIGHT LOSS, AND DYSPHAGIA. ALSO HAS AN ELEVATED CA 19-9; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	patient ultrasound showed intrahepatic bile ducts midly prominent and furter evaluate abdominal pain.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	pt had ERCP; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	pt seen for EGD on 12/22/17 pt states that she is having RUQ pain and had not had evaluation for it - Dr Jones ordered an US of the abd that showed a contracted gallbladder with stone, common bile duct dilation to 12mm with suggestion of a 6mm stone in th; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1

Gastroenterology	Approval	S8037 mrcp		Pt suffers with inflammatory bowel disease.; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will not be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis.	1
Gastroenterology	Approval	S8037 mrcp		pt underwent an ERCP on 10-10-17 with clearing of common bile duct stone removed. However, one stone was not able to be retrieved it had moved up to the bifurcation. We chose to observe since a sphincterotomy was made large enough to hopefully let that st; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
Gastroenterology	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	2
Gastroenterology	Approval	S8037 mrcp		unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp		unknown; This study is being ordered for a neurological disorder.; 01/01/2008; There has been treatment or conservative therapy.; abd pain; nausea and vomiting; pancreatitis; multi ercp; 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
Gastroenterology	Approval	S8037 mrcp		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2017; There has not been any treatment or conservative therapy.; nausea, vomiting, upper pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; chest pain, epigastric abdominal pain, weight loss, GERD; See above medications and diet changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/2017; There has not been any treatment or conservative therapy.; PAIN IN RIGHT RIB CAGE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rash and other nonspecific skin eruption; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2017; There has been treatment or conservative therapy.; Rash and other nonspecific skin eruption; Desmopressin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; chronic bp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rash and other nonspecific skin eruption; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2017; There has been treatment or conservative therapy.; Rash and other nonspecific skin eruption; Desmopressin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; chronic bp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Gastroenterology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	blood in stool; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2017; There has been treatment or conservative therapy.; Pain left foot pain; Anti inflammatory medication stretching; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rash and other nonspecific skin eruption; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2017; There has been treatment or conservative therapy.; Rash and other nonspecific skin eruption; Desmopressin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient c/o of pain in her rectal area. A rectal exam was preformed and no pilonidal cyst were seen. She is also having unexplained GI bleeding. The next step is to do CT of pelvis with contrast.; 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
Gastroenterology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2017; There has been treatment or conservative therapy.; Pain left foot pain; Anti inflammatory medication stretching; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
Gastroenterology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This 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;	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; chest pain, epigastric abdominal pain, weight loss, GERD; See above medications and diet changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Alcoholic cirrhosis.; 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 none; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt c/o abd pain (epigastric pain)with epigastric tenderness that is sharp, intermittent for several months and is getting worse, decreased appetite, abnormal liver functions. ppi is not helping. vomiting, heartburn, vomiting blood, EGD was normal; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT unknown; This study is being ordered for a neurological disorder.; 01/01/2008; There has been treatment or conservative therapy.; abd pain; nausea and vomiting; pancreatitis; multi ercp; 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
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT unknown; This study is being ordered for a neurological disorder.; 01/01/2008; There has been treatment or conservative therapy.; abd pain; nausea and vomiting; pancreatitis; multi ercp; 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
Gastroenterology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Gastroenterology	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen. < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	a Diagnostic CT	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	*** Document has an addendum ***    Date: 11/22/2017 9:00 AM  Patient Name: Victoria Bradley  Account #: 96068  Gender: Female  DOB (age): 12/14/1970 (46)   Provider:  John C. Cozart, MD    Referring Physician:  Jennifer Rowe, NP ; This is a request for an abdomen-pelvis CT combination.; This study is being requested 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 migration of a mesh from her previous abdo hernia surgery.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	poor prep for colonoscopy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt having abdominal pain, nausea and vomiting r/o diverticulitis or other infection; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	12
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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	2
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	5
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Unknown.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	11
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	6
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	To see if we can find out what might be causing patient to have weight loss. He has had a normal colon.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	R/o liver cancer.; 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	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; The finding does slightly persistent on delayed imaging and would favor hemangioma. However, a second enhancing mass is identified measuring 2.5 x 2.1 cm in the medial segment of the left lobe of the liver near the falciform ligament and base of the h	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Family history of pancreatic cancer, RUQ pain,Reason for Study: acute gastritis without hemorrhage,1. followup endoscopy , 55 yo originally seen at NHE for GERD; Patient s/p EGD 7/2017 with reactive gastropathy on biopsy; She was started on Protonix	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; MR Enterography being ordered for further evaluation of small bowel due to abnormality seen on small bowel follow through xray.	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient had prior abdominal ultrasound that showed dilated common bile duct 13mm. Ordering MRI to check for obstruction or lesion.	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt suffers with heartburn, mild tenderness over normal size liver.	1
Gastroenterology	Disapproval		Radiology Services Denied Not Medically Necessary	This is a request for a MR Angiogram of the abdomen. < Enter answer here - or Type In Unknown If No Info Given. > It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.	2
Gastroenterology	Disapproval	74261 CT Colonography, diagnostic without contrast	Radiology Services Denied Not Medically Necessary		1
Gastroenterology	Disapproval	74263 CT Colonography, screening	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only. Patient currently being evaluated to be listed for a liver transplant. Testing is to evaluate for cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.	2
Gastroenterology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary		1
Gastroenterology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Patient with liver cirrhosis currently being evaluated for listing for a liver transplant pending cardiac study.; This is a request for a CT scan for evaluation of coronary calcification.	1

Gastroenterology	Disapproval	S8037 mrcp 70336 MRI	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will not be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis.	1
General/Family Practice	Approval	TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		This is a request for a temporomandibular joint MRI.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD			8
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< 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
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Infection or Inflammation; This is NOT a Medicare member.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/22/17; It is not known if there has been any treatment or conservative therapy.; facial bruising and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1		
General/Family Practice	Approval	70450 CT BRAIN, HEAD	. a Chief Complaint of Motor Vehicle Crash (rolled vehicle yesterday eve., injury to R elbow, severe headache, wants stronger pain med for headache); Elbow Pain (R elbow after MVA); and Headache (severe with slurred speech); 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 CT BRAIN, HEAD	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1		
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1		
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	5		
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1		
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1		
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1		
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1	hx of hern	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; 10/07/2017; There has been treatment or conservative therapy.; CONFUSION, VERTIGO, PARASTHESIA, ABRASION RUE; PATIENT IS BEING TREATED BY WOUND CARE, BEING TREATED BY OCCUPATIONAL THERAPY AND SCHEDULED APPOINTMENT WITH ORTHOPEDIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1		

General/Family Practice	Approval	70450 CT BRAIN, HEAD	change in sensation of the skin; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	complaint of headache numbness tingling ,difficulty speaking 4 days, neck pain fall 4 weeks ago hit head ,neck and lower back pain,left hand and leg numbness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	complaint of right side facial numbness, right side jaw pain, right visual disturbance, right side headache; this all began after having dental work done this month, she returned to dentist with her complaints since the work was done on a molar on the rig; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	CONCUSSION HEADACHE FEVER FORGETFULNESS WORSENSING,NOW WITH NAUSEA; This study is being ordered for trauma or injury.; 11/12/2017; There has been treatment or conservative therapy.; HEADACHE,SENSITIVE TO LIGHT AND SOUND/DELAYED RESPONSE.COLD CHILLS AND FEVER 101,FORGETFUL,FELT LIKE SHE WAS GOING TO BLACK OUT; VISIT TO ER FOR STITCHES AND OVER LEFT EYEBROW WAS HIT IN HEAD WITH A SHOVEL.STARTED CLINDAMYCIN 11/12/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	daily headaches. headaches at top of head. pain dull and aching. double vision, nausea and vomiting. history of brain injury and CVA from motor vehicle accident.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	follow-up from Med Express for possible Thrush. I treated her on 12/13/17 with Nystatin. Then 3 days later she went to NW for severe headache. She got rx for Duke's mouthwash. Toradol tab for her HA. When she was in Med Express, the MD scraped her palate; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	had a headache since auto accident about a week ago; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	had migraine 4 times in past month or so and loss of vision each time; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Headache x about 4 weeks. Worse the last 2-3 weeks. Patient with dizziness, confusion. Feels like his brain is not connecting with his feet.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	headaches almost daily, family hx of aneurysm; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	history of head trauma; increasing frequency of headaches; headaches not responding to treatment; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	history of migraine headache not responding to prophylactic treatment; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	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
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Neurologic: Gait and Station: able to tandem walk, toe walk and regular, unable to heel walk. Cranial Nerves: grossly intact. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact; tremor w; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	new onset left side facial paralysis; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	New onset of seizures; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern. Patient had a recent fall on 12/18/2017 has a contusion to the scalp and has a long term use of being on an anticoagulant; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	patient has an injury resulting in paresthesia to arms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Patient has been seen at multiple visits for chronic headaches and dizziness. He has received toradol injections, meclizine, naproxen, flexeril all without benefit; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	PATIENT IS HAVING MIGRAINE HEADACHES. THE PATIENT HAS 2-3 MIGRAINES A WEEK, BUT THIS ONE HAS LASTED FOR 5 DAYS. THE PATIENT HAS MIGRAINE HEADACHE WITH NAUSEA, VOMITING, SENSITIVITY TO LIGHT AND SOUND AND IS UNABLE TO FUNCTION. PATIENT ALSO HAS TIGHTNESS T; 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 CT BRAIN, HEAD	Patient is having migraines with nausea and vomiting; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient is only 43 years old and is experiencing chronic dizziness, vertigo, decreased visual activity, and sudden onset of 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	Approval	70450 CT BRAIN, HEAD	Patient reports passing out a few days ago and woke up on the ground with a saw in his hand. Pt. got a headache last night and a sharp pain to his head. Pt. does have a knot to the back of his 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.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Positive for dizziness, weakness, light-headedness and headaches Positive for blurred vision and visual disturbance. Positive for nausea. Negative for abdominal pain, constipation, diarrhea and vomiting; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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 CT BRAIN, HEAD	pt c/o constant headache for 5 days in frontal and retro orbital area. He describes pain as shooting. Recent head injury; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt says are getting worse, no improvement.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt. c/o of vision disturbance and has history of traumatic head injury; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	pt's headaches have worsened recently and otc medication is no longer as effective, has had a headache that has been waking her up at night Sh ehas a headache most days,; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt's trunk of car came down on her head and now has severe headache, dizziness, and confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described 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 CT BRAIN, HEAD	R/O jaw fracture; This study is being ordered for trauma or injury.; 10/22/2017; There has not been any treatment or conservative therapy.; pain, headaches, swollen lymph nodes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	SEIZURES; 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 CT BRAIN, HEAD	sudden onset HA with visible abscess to left jaw and facial area; 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. The accident occurred less than 1 hour ago. The fall occurred from a ladder. He fell from a height of 3 to 5 ft. He landed on dirt. The point of impact was the head (bilateral chest). The pain is present in the head (bilateral chest). The pain is moderate; This study is being ordered for trauma or injury.; 12/06/17; There has not been any treatment or conservative therapy.; The point of impact was the head (bilateral chest). The pain is present in the head (bilateral chest). The pain is moderate. He was ambulatory at the scene. There was no entrapment after the fall. There was no drug use involved in the accident. There was ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	The fatigue has been a problem for 1 1/2 week; The severity of the fatigue is moderate; The character of the fatigue is feeling tired pt s/o at night when he sits down he feels the worst, muscles ache, overall feeling of tiredness;; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; It is unknown why an MRI is not being considered; This is NOT a Medicare member.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	The study is to rule out TIA; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered; This is NOT a Medicare member.; This is NOT a Medicare member.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	11
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	31
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	3
General/Family Practice	Approval	70450 CT BRAIN, HEAD	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.	15
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	2
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	50
General/Family Practice	Approval	70450 CT BRAIN, HEAD	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.	13
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	16
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	12
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	5
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	2
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	2
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	2

General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has 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.	3
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	35
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Unknown; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered; This is NOT a Medicare member.; This is NOT a Medicare member.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/17; There has been treatment or conservative therapy.; Patient has confusion; Patient has started taking antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	worst headache of life. Not responding to medications,very unsteady-gait,exposed to viral meningitis,nausea,pain into neckincreasing in intensity. R/O:CVA/TIA; 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	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC. 70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	8
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/17; There has been treatment or conservative therapy.; cyst, trouble swallowing, nasal congestion, nasal pressure; medications, and antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/22/17; It is not known if there has been any treatment or conservative therapy.; facial bruising and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; New patient to us, 2016 at least. Flare up over the last 2 weeks.; There has been treatment or conservative therapy.; headache and sinus pressure.; New paresthesias.; Zpak; Prednisone; Maxalt; Albuterol; Topomax; Zithromax; Clindamycin; Nasal Steriod; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Chronic maxillary sinusitis with no relief from medication .; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	CONCUSSION HEADACHE FEVER FORGETFULNESS WORSENING,NOW WITH NAUSEA; This study is being ordered for trauma or injury.; 11/12/2017; There has been treatment or conservative therapy.; HEADACHE,SENSITIVE TO LIGHT AND SOUND/DELAYED RESPONSE.COLD CHILLS AND FEVER 101,FORGETFUL,FELT LIKE SHE WAS GOING TO BLACK OUT; VISIT TO ER FOR STITCHES AND OVER LEFT EYEBROW WAS HIT IN HEAD WITH A SHOVEL.STARTED CLINDAMYCIN 11/12/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	F/U mass on neck; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Patient has been seen 6 times since initial onset and has never fully gotten relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/05/17; There has been treatment or conservative therapy.; Dizzy, Headaches, light headed, pressure; Medrol dose pack, decadron shot, augmentin, zyrtec D, cleocin, prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Patient has 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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	R/O jaw fracture; This study is being ordered for trauma or injury.; 10/22/2017; There has not been any treatment or conservative therapy.; pain, headaches, swollen lymph nodes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Recurrent pansinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	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	6
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	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
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/17; There has been treatment or conservative therapy.; cyst, trouble swallowing, nasal congestion, nasal pressure; medications, and antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	abnormal exam and radiological finding.; 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
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	enlarged anterior cervical chain lymph nodes on R; 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	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	F/U mass on neck; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	follow-up from Med Express for possible Thrush. I treated her on 12/13/17 with Nystatin. Then 3 days later she went to NW for severe headache. She got rx for Duke's mouthwash. Toradol tab for her HA. When she was in Med Express, the MD scraped her palate; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	hyperthyroidism; 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 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Localized swelling, mass and lump, neck; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	mass in neck 3-4cm; 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 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	MASS ON LEFT SIDE OF NECK; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	neck mass or lump; 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 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	None; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient states that she feels pressure/mass in her throat.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	pt had an ultra of the thyroid and it was normal.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt had ultrasound for her Carotids and a mass was found. They recommend a Ct to evaluate.   Report attached.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt. has bad sore throat and swelling in the back of the throat and neck and patient was seen in ER and was given clindamycin, which hasn't helped with the swelling and patient has been having chills and fever. concern for abscess and patient has been havi; 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 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Still has mass under jaw after completing round of antibiotics; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	2

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	76
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	ULTRASOUND DONE AND WAS INDETERMINATE, RECOMMENDED CT LYMPH NODE GREATER THAN A CM AND HAS BEEN PRESENT FOR MORE THAN A YEAR. DID NOT IMPROVE WITH ABT 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 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 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 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	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	none; This study is being ordered for Vascular Disease.; 09/25/2017; There has not been any treatment or conservative therapy.; lump, swelling on neck, stenosis in carotid arteries; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Patient symptoms are pointing to a TIA and Dr. is wanting to rule this out and see what is causing the episodes. Patient has a history of Left vertebral artery dissection and Transient alteration of awareness that seems to all be getting worse. The study; This study is being ordered for Vascular Disease.; 4-11-2017 was onset but patient having increase episodes.; There has been treatment or conservative therapy.; Patient presents to the clinic today for evaluation of black out spells. Patient is not accompanied by anyone today. Patient reports that on February 15 until 17 she went to the dentist. Patient reports that she was getting her teeth cleaned she turned he; Medication Coumadin, Gabapentin, Potassium Chloride, Hm Magnesium. being monitored close.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Pulsatile tinnitus; worst headache of life; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/17.; There has not been any treatment or conservative therapy.; Pulsatile tinnitus; worst headache of life; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	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.; 2/28/2017; There has been treatment or conservative therapy.; know carotid stenosis, follow up; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	7
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	; This study is 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.; abnormal carotid doppler; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	none; This study is being ordered for Vascular Disease.; 09/25/2017; There has not been any treatment or conservative therapy.; lump, swelling on neck, stenosis in carotid arteries; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	patient symptoms are pointing to a TIA and Dr. is wanting to rule this out and see what is causing the episodes. Patient has a history of Left vertebral artery dissection and Transient alteration of awareness that seems to all be getting worse. The studie; This study is being ordered for Vascular Disease.; 4-11-2017 was onset but patient having increase episodes.; There has been treatment or conservative therapy.; Patient presents to the clinic today for evaluation of black out spells. Patient is not accompanied by anyone today. Patient reports that on February 15 until 17 she went to the dentist. Patient reports that she was getting her teeth cleaned she turned he; Medication Coumadin, Gabapentin, Potassium Chloride, Hm Magnesium. being monitored close.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	patient symptoms are pointing to a TIA and Dr. is wanting to rule this out and see what is causing the episodes. Patient has a history of Left vertebral artery dissection and Transient alteration of awareness that seems to all be getting worse. The studie; This study is being ordered for Vascular Disease.; 4-11-2017 was onset but patient having increase episodes.; There has been treatment or conservative therapy.; Patient presents to the clinic today for evaluation of black out spells. Patient is not accompanied by anyone today. Patient reports that on February 15 until 17 she went to the dentist. Patient reports that she was getting her teeth cleaned she turned he; Medication Coumadin, Gabapentin, Potassium Chloride, Hm Magnesium. being monitored close.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Pulsatile tinnitus; worst headache of life; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/17.; There has not been any treatment or conservative therapy.; Pulsatile tinnitus; worst headache of life; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the Neck.	6
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	2
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	6
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	2
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/1/17; There has been treatment or conservative therapy.; Dizziness, nasal pressure; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/11/2017; There has been treatment or conservative therapy.; PROGRESSIVELY WORSENING HEADACHE FOR 2 WEEKS IN TOP OF HEAD AND BACK OF NECK WITH NAUSEA AND VOMITTING. PATIENT'S MOTHER HAS HISTORY OF CEREBRAL ANEURYSM.; PATIENT HAS TRIED TYLENOL AND MOTRIN WITH NO RELIEF.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; headaches for 20 days with vomiting x 10 days.; There has been treatment or conservative therapy.; headaches with vomiting; patient has tried OTC medications such as Excedrin, advil, Dayquil and Zofran with no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	decreased alertness; This study is being ordered for a neurological disorder.; 10/30/17; There has not been any treatment or conservative therapy.; tia 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	70544 Mr angiography head w/o dye	Patient has been having blurred vision, memory loss, syncopal episode, Had a carotid Duplex that was abnormal, it showed increased vertebra art velocity.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	Patient has chronic hypertension, and is a candidate for CVA incident.; This study is being ordered for trauma or injury.; 9/19/2017; There has been treatment or conservative therapy.; Headache, dizziness, elevated blood pressure, nausea and vomiting; Patient was hospitalized for the possibility of a stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	13
General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	3
General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	5
General/Family Practice	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1

General/Family Practice	Approval	70544 Mr angiography head w/o dye	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/28/17; There has been treatment or conservative therapy.; came in complaining of intractable headache, elevated blood pressure, blurred vision; Placed in observation in hospital, pt was with blood pressure meds, nuero checks, pain meds, additional blood pressure medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	
General/Family Practice	Approval	70544 Mr angiography head w/o dye	worsening headaches with mental status changes, multiple personality disorders;; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	
General/Family Practice	Approval	70547 Mr angiography neck w/o dye	Patient has chronic hypertension, and is a candidate for CVA incident.; This study is being ordered for trauma or injury.; 9/19/2017; There has been treatment or conservative therapy.; Headache, dizziness, elevated blood pressure, nausea and vomiting; Patient was hospitalized for the possiblilty of a stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	
General/Family Practice	Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has had an abnormal ultrasound of the neck.	1	
General/Family Practice	Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1	
General/Family Practice	Approval	70547 Mr angiography neck w/o dye	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1	
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		4	
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4	

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; 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.</p> <p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p> <p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.</p>	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniostynosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metalic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.; This is not a new patient.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/9/2017; There has been treatment or conservative therapy.; neck pain, numbness in left arm, drops things with left hand,; EMG and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; TINGLING NUMNBESS PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/1/17; There has been treatment or conservative therapy.; Dizziness, nasal pressure; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/17; There has not been any treatment or conservative therapy.; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/25/2017; There has not been any treatment or conservative therapy.; headaches dizziness pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11/17/2017; There has been treatment or conservative therapy.; numbness in legs, headache, neck pain; medication, rest, walking, heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.</p>	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	6
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.</p>	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/11/2017; There has been treatment or conservative therapy.; PROGRESSIVELY WORSENING HEADACHE FOR 2 WEEKS IN TOP OF HEAD AND BACK OF NECK WITH NAUSEA AND VOMITTING. PATIENT'S MOTHER HAS HISTORY OF CEREBRAL ANEURYSM.; PATIENT HAS TRIED TYLENOL AND MOTRIN WITH NO RELIEF.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; headaches for 20 days with vomiting x 10 days.; There has been treatment or conservative therapy.; headaches with vomiting; patient has tried OTC medications such as Excedrin, advil, Dayquil and Zofran with no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3-4 migraines per month. Interferes with work, sleep and household activities. Causes nausea, decreased concentration, blurry vision. Recently passed out at work after being dizzy and day three of a headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	61 yr old female had a fall; hit her head on floor; lost consciousness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head was between 24 hours and 1 week ago.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	abnormal elevated prolactin, low testosterone. and fatigue; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	chronic headache not improved by medication; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chronic kidney disease, history of reno cancer; This study is being ordered for a neurological disorder.; September 2 2017; There has been treatment or conservative therapy.; headache, neck pain, pain in the back of head that radiates down arms, dizzy and blurred vision; Medication and home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	decreased alertness; This study is being ordered for a neurological disorder.; 10/30/17; There has not been any treatment or conservative therapy.; tia 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Face, arms & hands numbness & tingling a couple of time a day, drools on the right side of mouth.; This study is being ordered for a neurological disorder.; 2 months ago for the headaches unknown for the radiculopathy; There has been treatment or conservative therapy.; The pt has daily headaches.; Medicine for headache-Trimadol, tried PT but worst than pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Facial Paresthesia, smells something like amonia in her nose constantly; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Fainting and headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FAX; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	has headaches all of the time and they are making her sick; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	having consistent chronic headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Head injury 2014, went to ER, CT report; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headache for 2 weeks and getting worse.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache with visual disturbance; 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	INCREASING HEAD ACHE -EXCRUCIATING-WORRIED ABOUT INTARA CRANIAL NEOPLSM /CRERBRAL ANEURYSM; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	left leg sensory and motor deficit and gait ataxia and generalized weakness; diff dx NPH vs MS vs CIDP; 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	left sided weakness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	LOCATION IS PRIMARILY LEFT TEMPORAL. PAIN RAIDATES TO THE LEFT TEMPEL. FREQUENCY IS TYPICALLY EVERY FEW WEEKS. CHARACTERIZES AS SEVER, THROBBING, SHARP, AND KNIFE-LIKE.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Loss of hearing - left ear; failed hearing test, chronic headache all of a sudden; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	memory loss with history of stroke; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). Migraine and tension headache. Patients is on Amitriptyline	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Hydrochloride, Sumatriptan Succinate, and Fioricet for her Migraines.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	migraines; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI was done and it showed a brain nodule, radiology recommended and MRI to further characterize this lesion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has been treatment or conservative therapy.; right side weakness, dizziness, blurred vision; medication, 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	neck pain, blurred vision, headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Neurosurgeon Dr Armstrong recommended a head CT just to be sure there was not some kind of rare frontal lobe issue causing her bladder symptoms. She has intermittent urinary incontinence and a constant feeling of bladder fullness. This is to rule out; 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ongoing headaches; Radiating neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. patient fell and started having headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient had previous abnormal MRI and has continued to have headache and visual disturbance since the birth of her child.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has a person history of a fall from a height of 10 feet and landing on his head. He has been experiencing increased memory loss over the last 8 months. He had an MRI brain w/o on 11/3/17. Report shows symmetric abnormal signal intensity in the ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; It is not known if there are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has a shunt in her head that has not been checked for years. she will need this MRI Brain before she can be seen by a Neurologist.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has been on medication but has been having more frequent headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has chronic hypertension, and is a candidate for CVA incident.; This study is being ordered for trauma or injury.; 9/19/2017; There has been treatment or conservative therapy.; Headache, dizziness, elevated blood pressure, nausea and vomiting; Patient was hospitalized for the possibility of a stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has elevated prolactin level, need to eval pituitary gland.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has slightly slurred speech, answers questions appropriately with yes and no answers. Mental status change.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient having headaches with no response to medication; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient here c/o was in a car wreck saturday before last, and she did not go to the ER. but is c/o nose is numb painful to breathe. having headaches. she does have a black eye to the left eye. stated that she did not go to ER due to she did not have pain ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation) Patient hit in the head with a baseball, knocked her out and she was hospitalized with cerebral concusasion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is experiencing positional tremors. When he moves his head or torso forward, his head and arms shake.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is having visual changes along with headache and syncope; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient presents with post MVA head trauma with retractable headache associated with nausea and vomiting.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient suffered a stroke on 11/4/2017; This study is being ordered for a neurological disorder.; 11/4/2017; There has been treatment or conservative therapy.; presented with migranes after being found unable to speak and RUE weakness, Left MCA ischemic stroke, appears embolic; 11/6/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient suffered head injury which caused recurring migraine headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with daily severe headaches. Top and back head. started in July.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient's mother has a history of migraines and Aneurysm.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt c/o bad migraines. pt states his migraines are getting worse. CHRONIC SEVERE HEADACHES; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt complains of headache right frontal for 1 year off and on. Constant for 1 week right facial numbness. Feels like right arm is weak.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt had abnormal MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has had headaches for 4 years and cyst on scalp that has been undiagnosed. It has gotten worse over the past two years, pt states. She has headaches and nosebleeds. She was seen by a Neurologist. She does have a soft hole in her head. Its in the area ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT is having brain loss, in last two weeks loss track of time, was sitting and staring out a window and wouldn't talk with spouse for hrs.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT IS NOW EXPERIENCING VISION LOSS IN RIGHT SIDE AND BELL'S PALSY ON THE LEFT SIDE OF HIS FACE NOW; 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt presents with chronic headache with a sudden change in severity, associated with exertion, or a mental status change.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt said that she had had headache and dizziness and pressure. She is having chest pains has hx of cad feelings are lasting 60-90 seconds and when they happen she can't speak. Looking for suspect TIA; 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt with history of recurrent headaches. Previously on amitriptyline with reasonable results. However, she was excessively drowsy and we changed her from amitriptyline to topamax. She hasn't tolerated the change well. She is c/o nausea and headaches. She i; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	r/o aneurysm ha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R51 Chronic nonintractable headache, unspecified headache type,H93.8x2 Sensation of fullness in left ear 1. left ear feels cloggec, having headaches  Headaches and left ear has been clogged for 3 weeks, no pain, no sinus problems. No loss of hearing.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation) Recent C-Spine MRI showed possible mass on the cerebellum; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	recurring headache, nausea and dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Reoccurring severe headache. Stuttering and blurred vision Family history of brain cancer; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Requesting Cervical spine MRI, thoracic spine MRI, and brain MRI  for syrinx of the spinal cord, weakness;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	REQUESTING MRI D/T: Headache: The headache began days ago, and lasted days, The headache is located at the top of her head. The severity of the headache is mild. The character of the pain is burning. Overall condition is stable. Patient states that on ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She fell off her desk on 11-1-17 while trying to hang a picture. She landed on her back and hit her ribs and head. She went to the ER where she had a rib x-ray that was negative. A CT of her head showed a 14 mm calcified area in the right lateral ventricle; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. she has numbness in the feet, vague tingling symptoms and pains in the hands etc.; She has had this for a while. Apparently she has a family history of MS but not in her parents or siblings. She is very concerned about this.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She states this started at work when she was standing to help a customer at the bank. She had to sit down because she felt faint and had the HA. Since then, she has felt "faint" on a couple of other occasions; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	started 3 months ago, injury; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	SUDDEN SEVERE MIGRAINE WITH 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	THE PATIENT HAS HEADACHES 2-3 TIMES A WEEK SOMETIMES PULSATING, SOMETIMES DULL ACHE ACROSS FOREHEAD. NO VOMITING BUT DOES HAVE NAUSEA, LIGHT/SOUND SENSITIVITY, VISUAL DISTURBANCES SUCH AS FLASHES OF LIGHT.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	11
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	26
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	149
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	10
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.	96
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	10
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	19
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	25
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	7
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	11
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.	7
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	6

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has a congenital abnormality.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	10
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor notes on exam that the patient has delirium or acute altered mental status.; This is NOT a Medicare member.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	9
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	4
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	25
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	37

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	15
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	7

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	trigeminal neuralgia, worsening headaches, left side facial pain, neck pain,; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	trying to rule out tumor and brain mass, patient has personality change, memory loss,; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/28/17; There has been treatment or conservative therapy.; came in complaining of intractable headache, elevated blood pressure, blurred vision; Placed in observation in hospital, pt was with blood pressure meds, nuero checks, pain meds, additional blood pressure medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Vision changes, 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
General/Family Practice	Approval	71250 CT CHEST, THORAX		3
General/Family Practice	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	21
General/Family Practice	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2017; There has been treatment or conservative therapy.; neck pain, ABD pain, joint pain; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; FLANK PAIN ON RIGHT SIDE, COSTOCHONDRITIS IN STERNUM; ANTIFLAMMATORY MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 1992; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; compression, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	; The patient has NOT had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>; 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</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/18/2017; There has been treatment or conservative therapy.; cystic prominent left sided retrocrural nodal lesion with adjacent probable small periaortic nodes on MRI; activity modification, nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>1 year follow up for pulmonary fusion and nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>56 yo female smoker noted to have chronic cough & SOB. CXR on 12/13/17 was negative. Please evaluate further for 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</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>6 MM NODULE ON CXR 11/8/17; "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</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>A 109 mm cyst on left kidney. 9mm nodule in right lobe of lung.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/7/2017; There has not been any treatment or conservative therapy.; Abnormal CT. Recommended follow up in 6 months.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	9
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	15
General/Family Practice	Approval	71250 CT CHEST, THORAX	ABN chest x ray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	abnormal chest xray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	abnormal chest xray; nicotine dependent; patient has inflammation to lower lobes; decreased BS on left and right; 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 CT CHEST, THORAX	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	84
General/Family Practice	Approval	71250 CT CHEST, THORAX	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	129
General/Family Practice	Approval	71250 CT CHEST, THORAX	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 CT CHEST, THORAX	Abnormal xray requires further imaging; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	abnormal x-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	assess lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; Abnormal lab finding was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest xray shows abnormal cluster right medial lung area.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	chronic cough x6 months, dyspnea and wheezing; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Clinic notes will be faxed; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	12
General/Family Practice	Approval	71250 CT CHEST, THORAX	CT recommened by radiologist density seen is slightly more prominent than on prior study; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	CXR: can't rule out some COPD with some increase lung size and flattened diaphragms, some possible small consolidation in Right lower lung  CXR seems unchanged from ribs x-ray, may be a little worse since still getting cough and finished his levofloxacin; 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 CT CHEST, THORAX	Enter answer here - or Type In Unknown  INDICATION: Chest wall mass.   COMPARISON: Chest 2 views 05/31/12.   TECHNIQUE: Serial ultrasound images of palpable mass in the right chest.   FINDINGS: Calcified mass with a large amount of shadowing. Po; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	f/u to CT done in May 2017; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	follow up on left lower lobe pulmonary nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>He went to the clinic for SOB and coughing up mucous in the morning. He says he is allergic to two different cholesterol medications but he cannot recall the names.</p> <p>• He is congested in the mornings. He is still having some breathing problems. He recently; 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</p> <p>n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/4/2017; There has been treatment or conservative therapy.; On previous ct, a bilateral pulmonary nodule was found and a mass cannot be excluded on right kidney.; Naproxen, moist heat, and easy stretching.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	NEW ONSET DIAGNOSIS OVARIAN CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2

General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	None; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Large Hernia with 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 Other nonspecific abnormal finding of lung field; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient had a CT 3 months ago that showed lesions on his kidney and lung and it was recommended by the radiologist to have this re-examined in 3 months.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT Patient had chest x-ray and lymph node was present. Needs further testing.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX	patient has 2 pack a day habit for greater then 30 years chronic cough some dyspnea upon exertion would like to do a screening; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PATIENT HAS A 1CM LUNG NODULE, COUGH FOR 3 MONTHS, COUGHING UP WHITE MUCUS, SHORTNESS OF BREATH, 40 PACK OF CIGARETTE PER YEAR SMOKER. USE OF STEROID INHALER AND UPDRAFT WITH NO RELIEF.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has history of carcinoma in situ of anan canal with current use of smoking tobacco, dysphagia, and 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

General/Family Practice	Approval	71250 CT CHEST, THORAX	patient has known pulmonary nodule that requires check for stability.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has personal history of breast cancer. Patient has been suffering from s.o.b and pain respiration, chest pain since 8/31/17, we have treated the patient with medication, inhalers, and patient has had some changes in chest x-rays here in clinic.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has previously been diagnosed with a right middle lobe nodule. Her last CT Chest was done on 5-4-16. She has now transferred her PCP care to us. On her last CT it was suggested to do follow up CT scans to maintain a stable diagnosis; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient presents today for discussion of getting a repeat chest CT scheduled for recheck of the left lower lobe pulmonary nodule that was noted on CT about 6 months ago. This was performed at St. Vincent in Sherwood so I will try to get a repeat CT sched; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient was seen for bronchitis on 11/27/17. Chest xray shows a questionable mass vs. infiltrate. Needs a CT for further evaluation; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	Previous CT scan from 06/2016 that showed 0.6 cm lung nodule in the left upper lobe.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	pt has had abnormal ct scan of chest in July 2015. The recommendation was to follow up with a ct scan chest for multiple nodules/lesions. This is a request for repeat ctscan of chest.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	pt has had chronic cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt is a current smoker. Smokes 1.5 packs of cigarettes per day with greater than 20+ pack years. Pt has COPD a productive cough for 3+ weeks now. Chest xray shows hyperinflation c/w COPD. Pt has completed z-pack and received a steroid shot. Pt is also tak; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	see previous clinical info; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Small 2 mm distal right ureteral calculus, Focal pleural thickening vs. pleural based nodule in the left lower hemithorax measuring up to 5 mm in thickness. CT was done on 12-8-16 and needed six month followup which was never done. This is a followup C; "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 Surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	The accident occurred less than 1 hour ago. The fall occurred from a ladder. He fell from a height of 3 to 5 ft. He landed on dirt. The point of impact was the head (bilateral chest). The pain is present in the head (bilateral chest). The pain is moderate; This study is being ordered for trauma or injury.; 12/06/17; There has not been any treatment or conservative therapy.; The point of impact was the head (bilateral chest). The pain is present in the head (bilateral chest). The pain is moderate. He was ambulatory at the scene. There was no entrapment after the fall. There was no drug use involved in the accident. There was ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There are multiple suspicious lung nodules present on patient lung 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 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	2

General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; 1. Shortness of breath  Onset of symptoms was 1 week ago. Episodes occur constantly. Denies relieving factors. Associated symptoms include dry cough and fatigue. 2. cough  Onset: 1 Week. Aggravating factors include allergens. The patient denies ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; chronic cough not resolved after bronchitis; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Needle Biopsy showing extensive chronic inflammation with histiocytic infiltration and multinucleate giant cells.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; patient had previous ct with axillary adenopathy that needs to be rechecked; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient is coughing up blood.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	71250 CT CHEST, THORAX	These tests are being ordered to follow up from a previous Chest CT 6 months ago that showed a lung nodule. Need to ensure nodule has not grown or spread.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	71250 CT CHEST, THORAX	TROUBLE CATCHING HER BREATH, WHEEZING, COUGHING SPELLS, HEADACHE, VOMITING, NAUSIA, CANT KEEP FOOD DOWN.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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
General/Family Practice	Approval	71250 CT CHEST, THORAX	UNKNOWN; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has been treatment or conservative therapy.; present with a possible peri rectal abscess, Hemorrhoids present for two weeks, lots of pressure, worsening; sits baths, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	x ray showed increase bronical markings; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Yes, the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; The patient as seen by another type of surgical specialist.; This is a request for a Chest CT.; This study is beign requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< 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.	2
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/17; There has been treatment or conservative therapy.; Pt suffers with acute abdominal pain radiating to back. R/O pancreatitis, aortic aneurysm or dissection.; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	abnormal liver u/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.; report of AAA of 4.9, ascites throughout abdomen, Gallbladder with sludge and stones, thickness to his liver, so the radiologist is requesting this CTA chest, abdomen and pelvis. Patient is there waiting to see; There has been treatment or conservative therapy.; He states that right around when he started taking the Meloxicam he noticed that all food and liquids taste bitter. He stopped the Meloxicam after 3 days but his symptoms have worsened. He's had a decreased appetite bc everything tastes bitter, the only h; report of AAA of 4.9, ascites throughout abdomen, Gallbladder with sludge and stones, thickness to his liver, so the radiologist is requesting this CTA chest, abdomen and pelvis. Patient is there waiting to see; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	mediastinal widening, chest and back pain, family history of myocardial infarction.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/24/2017; There has been treatment or conservative therapy.; Pt has chest pain, Vertigo, gastric reflux.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	stress echo 12/21/17 showed enlarged aortic root 4.2 cm at coronary sinus; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DOUBLE STUDY + THEY ARE BOTH ANGIOS IS GOING TO EQUAL AUTOMATIC REVIEW. WILL JUST UPLOAD NOTE.; There has not been any treatment or conservative therapy.; DOUBLE STUDY + THEY ARE BOTH ANGIOS IS GOING TO EQUAL AUTOMATIC REVIEW. WILL JUST UPLOAD NOTE. stress echo 12/21/17 showed enlarged aortic root 4.2 cm at coronary sinus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	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
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	56

General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Thoracic aortic aneurysm as seen on MRI; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	THORACIC AORTIC ANEURYSM INCIDENTAL FINDING ON CT LUNG SCREENING CT; 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
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	UA results show no infection. Pt c/o frequency and urgency with hematuria. Other labs - CBC and CMP are within normal limits.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 14, 2017; There has not been any treatment or conservative therapy.; Two episodes of gross hematuria in the last 2 weeks - both painless. No flank pain, no abdominal pain, no burning with urination, no fever or chills or nausea or vomiting. Has had lack of energy and fatigue ober the last month. No vaginal bleeding.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	UNKNOWN; 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	71550 MRI CHEST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a congenital abnormality.; The patient is 18 years or older.; This is a request for a chest MRI.	1
General/Family Practice	Approval	71550 MRI CHEST	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	71550 MRI CHEST	This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; This is a request for a chest MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		2
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; patient has had this problem for over a year; There has been treatment or conservative therapy.; pan urinary incontinence , pelvic pain neurological pain , severe radiculopathy , patient has seen multiple specialists; medications that did not help, urinary incontinence , failed PT , and has paresthesia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This study is 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
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Cervical radiculopathy; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Pain of head and neck region  M54.2: Cervicalgia; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	patient has an injury resulting in paresthesia to arms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. PT IS HAVING CERVICAL SPINE PAIN THAT RADIATES INTO THE SHOULDERS AND ARMS CAUSE NUMBNESS BOTH OF HER ARMS ARE BEING AFFECTED; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	2
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Bowel or bladder dysfunction.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to 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
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy.;" The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT unknown; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has not been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder 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.; Caller does not know how many follow-up Cervical Spine CTs the patient has had.	4
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	UNKNOWN; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; patient has had this problem for over a year; There has been treatment or conservative therapy.; pan urinary incontinence , pelvic pain neurological pain , severe radiculopathy , patient has seen multiple specialists; medications that did not help, urinary incontinence , failed PT , and has paresthesia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Patient also has a lower back pain that radiates to the RIGHT lower extremity. Patient also has the RIGHT little high pain; but any intensity. Denies any trauma. Lower back examination patient do have tenderness on bilateral sacral leg joint with spasmodi; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	PATIENT HAS A FRACTURE AT T3, NEUROSURGEON REQUESTING CT TO CONFIRM AND TREAT; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	trauma to back; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; patient has had this problem for over a year; There has been treatment or conservative therapy.; pan urinary incontinence , pelvic pain neurological pain , severe radiculopathy , patient has seen multiple specialists; medications that did not help, urinary incontinence , failed PT , and has paresthesia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; 12/1/2016; There has been treatment or conservative therapy.; back pain with radiated numbness to right thigh, weight loss of 50 lbs, decreased mobility, numbness, tenderness, tingling, loss of sleep, history of seizures; physical therapy and pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	Possible compression fracture at T12 and L4. Pt C/O of left sided LBP. Pt C/O of significant pain ever since fall at home. Pt has been taking Advil without relief and using warming wraps. Norco for pain. Lumbar xray shows lumbar DJD, calcification of the ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	17
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is a suspicion of lumbar spine infection.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is suspicion of lumbar spine neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	33
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/25/2017; There has not been any treatment or conservative therapy.; abdominal pain , severe lumbar spine pain that radiates around to he abdomen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		17
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased ROM 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

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; neck and arm pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PAIN MEDICATION REFERRD TO NEURO FOR NECK PAIN AND HEADACHE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/12/17; There has not been any treatment or conservative therapy.; low back pain, and numbness and tingling in all 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	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/9/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication -OTC Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/9/2017; There has been treatment or conservative therapy.; neck pain, numbness in left arm, drops things with left hand.; EMG and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 mos ago; There has been treatment or conservative therapy.; arm, neck, and back pain with numbness and tingling in arm; insets, hydrocodone, pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; TINGLING NUMNBESS PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; neck and back pain with radiculopathy, pain radiates to r foot; surgery, chiropractic, pain mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2017; It is not known if there has been any treatment or conservative therapy.; Left shoulder and left hand pain. Motorcycle accident. Medication taken. Neck pain, chest pain and shortness of brain. Sequela.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/17; There has not been any treatment or conservative therapy.; 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	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/20/2017; There has not been any treatment or conservative therapy.; chronic pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/22/17; There has been treatment or conservative therapy.; unable to walk, pain; x rays, pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2017; There has been treatment or conservative therapy.; radicular pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/01/2017; There has been treatment or conservative therapy.; Neck pain, xrays shows pelvic shift. Right iliac crest is elevated significantly than the left; Chiropractor for 6 weeks and xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/30/2017; There has not been any treatment or conservative therapy.; Pain and unable to move; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/17/2017; There has been treatment or conservative therapy.; numbness in legs, headache, neck pain; medication, rest, walking, heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/10/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/22/2016; There has been treatment or conservative therapy.; Neck and low back pain, Pain 6 out of 10; Steroids, pain meds, back injection in PT now and is too painful to continue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/1/17; There has been treatment or conservative therapy.; neck and back pain; ortho rehab for therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; has been seeing neurology Behrens and she thinks this is cervical muscle spasm contributing to the headaches; her left SCM is very tight; she is getting trigger point injections; The patient does 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; n regard to the neck pain, Mr. Gregson denies any associated symptoms. Patient is requesting refills on his Methocarbamol, Norco, and Tramadol. Pt states that the medications helps to manage his pain.  MUSCULOSKELETAL: Positive for limited ROM and pai; The patient does 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 12/1/2016; There has been treatment or conservative therapy.; back pain with radiated numbness to right thigh, weight loss of 50 lbs, decreased mobility, numbness, tenderness, tingling, loss of sleep, history of seizures; physical therapy and pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Patient reported on 8-24-17 of Neck and Upper back pain. She has been going through physical therapy without success and has caused more pain. She admits to involuntary bowel movements. Medication has been ineffective; There has been treatment or conservative therapy.; Bulging cervical disc, neck pain, thoracic pain, numbness and tingling of hands, involuntary bowel movements, joint pain, significant tenderness over C-5 through T-10. Patient reports pain 8/10; Patient has been through 6/12 Physical Therapy visits and will receive her 7th visit today, 10-10-17, but therapy has caused her more pain instead of decreasing it.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 months per patient; There has been treatment or conservative therapy.; low neck pain radiating into the right shoulder and up into the back of the neck; the scalp Neck pain in right trapezius. Lower back pain midline and chronic duration.; 12 Sessions of chiropractic therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for trauma or injury.; around March 2017; There has been treatment or conservative therapy.; pain numbness; chiropractor 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</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Cervical xray with spondylosis, mild to moderate neural foraminal narrowing, associated pain, parasthesia, shoulder/chest pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>chiari malformation , suspecion of syrinx; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 month ago; There has been treatment or conservative therapy.; cervical radiculopathy , shoulder pain, left sided chest wall pain, numbness down left internal chest wall, tenderness.; at home exercises , medication, stretches ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Chronic kidney disease, history of reno cancer; This study is being ordered for a neurological disorder.; September 2 2017; There has been treatment or conservative therapy.; headache, neck pain, pain in the back of head that radiates down arms, dizzy and blurred vision; Medication and home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Chronic neck pain and feeling he needs to pop his neck. This has been a longstanding problem since the age of 18 after a MVA. he has pain , decreased ROM and radiation of pain into right and left upper back and lateral aspect of neck. No radiation of pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>CHRONIC NECK PAIN AND TINGLING; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; HAWKINS TEST</p>	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Chronic neck pain, no relief from conservative treatment, limited ROM in neck, R/O ruptured/bulging disc; 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	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CONSERVATIVE TREATMENT HAS NOT WORKED; This study is being ordered for trauma or injury.; 1 1/2 YEAR AGO HAS TRIED CONSERVATIVE TREATMENT; There has been treatment or conservative therapy.; crepitus, headache and neck stiffness; TREATED WITH CHIROPRACTIC, HEAT AND ICE, ROM EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Continued cervical strain; 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	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	DOUBLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST FAX 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.; 10/04/2017 FIRST OV FOR PROBLEM; There has been treatment or conservative therapy.; WILL JUST FAX NOTES; OTC/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 evaluate for ms; This study is being ordered for a neurological disorder.; 11/01/2017; There has not been any treatment or conservative therapy.; balance; vision problems r eye; look for ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Here today for follow up of acute on chronic neck and back pain. Xray of neck showed degenerative changes. Pt given rx of hydrocodone and soma with some relief. However, pain persists. It is at it's worst in her low neck and between her shoulder blades. He; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	History of degenerative disc disease to the c spine, with worsening neurological deficit of the right upper extremity. No improvement with 2 months of physical therapy. No improvement with 3-4 months of gabapentin, tramadol, soma, anti-inflammatory.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Diminished right sided grip strength. Unable to raise arm (right); The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; &Enter Additional Clinical Information&	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; Pt is having 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
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of arm, unable to grip or lift; The patient does 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	numbness and tingling in arms bilaterally from the neck down; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pain radiates to the scalp; pain is constant and severe; seems to be due to repetitive neck movements occupationally; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is having some increasing pain. She historically has had back pain resulting from a MVA. We are getting updated imaging to determine if she should continue pain management through pharmacologic therapy or if she is in need of more surgery. Additio; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient last had MRI in 2014 and needs updated one to see neurosurgeon. X-ray in chart, showed degenerative disc disease of cervical, thoracic and lumbar spine with osteophytes on spine.   DX: M54.5 dorsalgia M54.2 cervicalgia M25.7 osteophyte on vert; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient suffered a stroke on 11/4/2017; This study is being ordered for a neurological disorder.; 11/4/2017; There has been treatment or conservative therapy.; presented with migranes after being found unable to speak and RUE weakness, Left MCA ischemic stroke, appears embolic; 11/6/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	physical therapy completed x 5 weeks with no relief, Physical Therapist recommended an MRI to verify if a nerve is being impinged.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left arm weakness/loss of grip strength; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Please see attached clinicals.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Has been seeing physician for lumbar and cervical spine pain since 12/31/2012; There has been treatment or conservative therapy.; Low back and cervical spine pain; Gabapentin since 12/31/2012. Parafon Forte since 04/23/2014. Mobic 01/12/2016. Was seeing a chiropractor in 2016 but got to be too painful (Per patient); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Pt.'s loss of balance when he bends over is a new symptom.; 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.; 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.; Decreased reflexes of bilateral upper extremities.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	radiating pain from neck to fingertips; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; finger numbness and pain , trouble gripping; The patient does 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	radiculopathy, neuralgia, neuritis, cervicgia; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; numbness and tingling radiating down arm, pain gradually worse, headache; pain medication, anti inflammatory medication, ice and heat therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Requesting Cervical spine MRI, thoracic spine MRI, and brain MRI  for syrinx of the spinal cord, weakness,; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	same as in other comment box; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Patient has had cervical and right shoulder pain for years. It has worsened and is now radiating. He has some decreased deep tendon reflex of right elbow and decreased abduction of right shoulder.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	3
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	29
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	3
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	15

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; neck pain radiates to bi lateral shoulder	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; patient is diabetic and cannot use steroid meds.Musculoskeletal Comments tenderness of bilateral upper arms with palpation.   Assessment Numbness of upper limb (R20.0). Patient Plan The numbness of her arms occurs when laying flat. Arthritis panel	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient potentially needs another surgery but needs an update MRI in order to get in with the surgeon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain of the cervical spine with radcuopathy and low back pain with radicuopathy, the patient has trouble walking and is using a cane; pt has been given muscle relaxers and anti inflammitories, he has completed Physical therapy, the patient has seen a spine dr and was given an injection in the spine which made him worse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	the Pt has pain, weakness, radiating into neck; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The Pt has weakness in gripping in right arm.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.;" Follow-up to Surgery or Fracture within the last 6 months	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	185
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if the patient been seen by or if the ordering physician is an oncologist, neurologist, neurosurgeon, or orthopedist.; Known Tumor with or without metastasis; cerebellar tonsillar ectopia, cervical syrinx, having worsening nonintractable headaches. Neurosurgeon requesting MRI C-Spine after reviewing MRI of the Brain.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; History of surgery to C-Spine (recent) 09/2017. Patient had no radiating pain post surgery but was involved in a MVA 8 weeks post op and pain has since returned into Lt upper extremity and decreased sensation in her left hand.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; pt with increasing hypoesthesia in left C5 and left C^ distribution s/p CVA 2 years ago - Gabapentin has not helped.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	82
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	5
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	3
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	4
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	46
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	8
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; chronic pain	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; History of Present Illness: 1. F/u on Pain  Feeling discomfort in his feet with stiffness and popping and cracking. Severe fatigue. Neck and back is bothering him the most. Trying to lay down and just doesn't feel well. If he puts pressure on his	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; MRI of neck to evaluate for demyelinating process.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt has Hoffmanns signs bilaterally and +4 hyperreflexia in her lower extremities. Pt has had surgery in the past. She has subtle myelopathic signs suspicious for cervical stenosis and cord compression	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<Enter Additional Clinical Information>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Patient is having neck pain with frequent headaches.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; <Enter Additional Clinical Information>; No, the patient does not have new or changing neurological signs or symptoms.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; <Enter Additional Clinical Information>; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; patient was seen in ER 10/13/17 for MVA CT was negative still having pain; It is not known if the patient have new or changing neurological signs or symptoms.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness. unable to undress self at bed time; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; neck pain and scoliosis has had pain management with no help; There has been treatment or conservative therapy.; mbr has pain in neck and back 100 % dysfunction of left leg and neck pain 10 in the morning and headache with vision issues lighting bolt pain in leg and foot left shower is unable to do without help; pain management and medication for pain and PT 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	12
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has weakness and tingling in left arm can barly raise over head; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient did not give specific date of onset. Complains of pain happening for "years"; It is not known if there has been any treatment or conservative therapy.; Pain in Low back and hips with decreased ROM. History of OA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	WILL JUST SEND 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.; FIRST OV FOR PROBLEM 10/04/2017; There has been treatment or conservative therapy.; WILL JUST FAX NOTES; OTC MEDS/PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Had negative ultrasound. Had abnormal thoracic xray	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; patient complains of a swelling on the back of her neck it's been present for several years. Exam: nontender, mobile swelling noted at the back of her neck. lower and lateral borders are smooth. Lower border ends at the level of T1. Difficult to palpate t	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 08/12/2017; There has been treatment or conservative therapy.; Pain , unable to walk at times; PT and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; TINGLING NUMNBESS PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; neck and back pain with radiculopathy, pain radiates to r foot; surgery, chiropractic, pain mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/22/17; There has been treatment or conservative therapy.; unable to walk, pain; x rays, pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; pain numbness and tingling in right arm; x rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Chronic Back pain; Medications and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	anxiety, constipation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2012; There has been treatment or conservative therapy.; back pain; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	chiari malformation , suspecion of syrinx; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 month ago; There has been treatment or conservative therapy.; cervical radiculopathy , shoulder pain, left sided chest wall pain, numbness down left internal chest wall, tenderness;; at home exercises , medication, stretches .; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Chronic neck pain and feeling he needs to pop his neck. This has been a longstanding problem since the age of 18 after a MVA. he has pain , decreased ROM and radiation of pain into right and left upper back and lateral aspect of neck. No radiation of pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	CURRENT XRAYS SHOW SCOLIOSIS AND CONSERVATIVE TREATMENT IS NOT HELPING HER PAIN; This study is being ordered for Congenital Anomaly.; SHE HAS HAD SCOLIOSIS-CONGENTIAL DEFORMITY AND HAS BEEN HAVING BACK PAIN FOR YEARS. IT HAS BEEN AGGRAVATED SINCE 02/2017 AND WE ARE SENDING HER TO UAMS FOR TREATMENT AND THEY ARE NEEDING MRI WHICH HAS NOT BEEN DONE; There has been treatment or conservative therapy.; The patient is complaining of back pain. The patient states she has pain up her entire back from her neck. It burns and hurts. She is taking Tramadol with Gabapentin and it is not helping.; NECK AND BACK STIFF AND TENDER ON EXAMINATION; PATIENT HAS BEEN ON ORAL MEDICATION FOR OVER 9 MONTHS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	DOUBLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST FAX 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.; 10/04/2017 FIRST OV FOR PROBLEM; There has been treatment or conservative therapy.; WILL JUST FAX NOTES; OTC/PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	He is unable to take a deep breath because it causes significant thoracic spine pain in the T4-5 area. With shallow breaths, lung were clear. Significant pain at T4-5 level. He has failed physical therapy and chiropractic care is not helping, and was told ; 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	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Here today for follow up of acute on chronic neck and back pain. Xray of neck showed degenerative changes. Pt given rx of hydrocodone and soma with some relief. However, pain persists. It is at it's worst in her low neck and between her shoulder blades. He; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling;	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; patient has alot of inflammations so need to rule out infection	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	need update MRI for pain center; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; pain.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/9/2017; There has been treatment or conservative therapy.; pain in T spine, other chronic pain, low back pain; 6 weeks PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; There has not been any treatment or conservative therapy.; 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	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient continues to complain of back pain. Has appt. with Pain Specialist in November 2017; This study is being ordered for trauma or injury.; July 7, 2017; There has been treatment or conservative therapy.; Fell and hurt back, complaints of back pain; Physical Therapy x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient is having some increasing pain. She historically has had back pain resulting from a MVA. We are getting updated imaging to determine if she should continue pain management through pharmacologic therapy or if she is in need of more surgery. Additio; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient last had MRI in 2014 and needs updated one to see neurosurgeon. X-ray in chart, showed degenerative disc disease of cervical, thoracic and lumbar spine with osteophytes on spine.   DX: M54.5 dorsalgia M54.2 cervicalgia M25.7 osteophyte on vert; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	radiculopathy, neuralgia, neuritis, cervicalgia; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; numbness and tingling radiating down arm, pain gradually worse, headache; pain medication, anti inflammatory medication, ice and heat therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Requesting Cervical spine MRI, thoracic spine MRI, and brain MRI  for syrinx of the spinal cord, weakness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	see attached; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/09/2016; There has been treatment or conservative therapy.; back pain; tens unit, steroid pack and injections, physical therapy with chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient had a abnormal MRI c-spine in 2016 with Thoracic cord syrinx located at the T to 3 level centrally in the cord. We are looking to see if this has gotten worse or if there is evidence of Chiari Malformation. Patient is having a lot of pain in his r; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Pt's girlfriend stood on his back on 11/22/17. Pt was seen in the ER, negative xrays and given steroid shot and anti inflammatory medication. Pt continues to have pain with mild weakness to lower extremities.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; small focal region of abnormal signal involving the posterior right T12 vertebral body and the adjacent pedicle. Although this is an atypical location, this could reflect abnormal stress reaction in the pedicle but is indeterminate and postcontrast imagin; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	9
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	3
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; unknown; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Pt had back surgery over 8 weeks ago, is tender.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; 1. Lobulated T1/T2 hypointense lesions within the left aspect of the T7 and T10 vertebrae for which neoplastic process including metastatic disease or myeloma cannot be excluded. Recommend postcontrast imaging.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; Previous mass removed around spinal cord, recommended neurosurgery from general surgery for re-accumulation and continued neuropathic pain. Neurosurgery will not see her without an MRI.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.; PT had MRI on 12/08/17 disc desiccation at L5/S1 with broad-based right paracentral disc protrusion and right lateral disc bulge facet hypertrophy causing narrowing of the right neuroforamen and compression of the right exiting nerve root with AP diamete	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; N/A	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	34
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is complaining of mid back pain. He denies saddle anesthesia and associated bowel or bladder dysfunction. Patient states pain level today on a scale of 0-10 is 6/10.; This study is being ordered for trauma or injury.; Around 2 months ago. Was seen in clinic on 11/2/17, 11/10/17, and 12/1/17. Has been doing physical therapy since first of November.; There has been treatment or conservative therapy.; Pain in mid to lower back that radiates down both legs with muscle spasms noted in thoracic region; Physical therapy since 11/7/17 and on going but patient says no relief in pain. Lidocaine patches, with Ibprofen (800 mg) twice daily since 11/2/17 and Mobic since 11/10/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There is loss of lumbar lordosis seen. There is no acute fracture. However, there is noted to be in the past a fracture of the superior endplate of T11 anteriorly more just anterior portion. No compression seen. In flat/supine position with pt lifting le; 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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.;" The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; 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
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; degenerative changes noted on plain x-rays with osteophytes/ upper back pain after mva in 2015 tx by chiropractor for nearly one year and no better; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	2

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 11/11/2017; There has not been any treatment or conservative therapy.; acute lower thoracic pain and complaints of no sensation to posterior mid chest to mid thigh bilateral; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	WILL JUST SEND 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.; FIRST OV FOR PROBLEM 10/04/2017; There has been treatment or conservative therapy.; WILL JUST FAX NOTES; OTC MEDS/PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	29
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased strength in left leg, 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain going down his leg 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; RIGHT LEG MUSCLE 3/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; TINGLING IN LEGS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	3
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	8
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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 >; PAIN MEDICATION REFERRD TO NEURO FOR NECK PAIN AND HEADACHE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 08/12/2017; There has been treatment or conservative therapy.; Pain , unable to walk at times; PT and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/12/17; There has not been any treatment or conservative therapy.; low back pain, and numbness and tingling in all 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 mos ago; There has been treatment or conservative therapy.; arm, neck, and back pain with numbness and tingling in arm; insets, hydrocodone, pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; neck and back pain with radiculopathy, pain radiates to r foot; surgery, chiropractic, pain mgmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2017; There has been treatment or conservative therapy.; radicular pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/01/2017; There has been treatment or conservative therapy.; Neck pain, xrays shows pelvic shift. Right iliac crest is elevated significantly than the left; Chiropractor for 6 weeks and xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/30/2017; There has not been any treatment or conservative therapy.; Pain and unable to move; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/22/2016; There has been treatment or conservative therapy.; Neck and low back pain, Pain 6 out of 10; Steroids, pain meds, back injection in PT now and is too painful to continue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/28/2017; There has been treatment or conservative therapy.; throbbing sharp pain numbness tingling weakness locking popping/clicking; xray pt meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2/28/2017; There has been treatment or conservative therapy.; know carotid stenosis, follow up; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; cannot stand for any length of time cannot sit for any length of time pain shoots from back down to legs and sciatic; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above ; 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	5
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Chronic Back pain; Medications and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Chronic Back pain; Medications and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; This study is being ordered for Inflammatory/ Infectious Disease.; patient has had problem since April. She did PT which resolved problem then, now having pain again.; There has been treatment or conservative therapy.; tenderness to R SI joint; Physical Therapy and Medrol dose pak; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 months per patient; There has been treatment or conservative therapy.; low neck pain radiating into the right shoulder and up into the back of the scalp Neck pain in right trapezius. Lower back pain midline and chronic duration.; 12 Sessions of chiropractic therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Per patient approx. 3 years.; There has been treatment or conservative therapy.; Low back and neck pain with numbness and tingling of both lower extremities. Weakness in extremities on exam. Tingling in the left forearm when using upper extremities.; Gabapentin/Ibuprofen since 07/20/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; around March 2017; There has been treatment or conservative therapy.; pain numbness; chiropractor 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	53yr old female presents for follow up of low back pain has been on diclofenac for last 4 months, however has been off for the last 6 weeks due to chest pain and does c/o pain most days with burning to right lateral thigh. Continues to have pain in hands ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the 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.; baclofen 10mg 3 times a day; voltaren 1% gel 4 times a day. ; had been on diclofenac for last 4 months, however has been off for the last 6 weeks due to chest pain, has been approved to start taking again per cardiology.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	a bulging disc was found from a ct; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	anxiety, constipation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2012; There has been treatment or conservative therapy.; back pain; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ba Enter answer here - or Type In Unknown If No Info Give.; 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.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Back pain x 4 years. Weight lifting in jury injuring neck and back. Physical therapy increases his pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Gabapentin 300MG BID; Norco 7.5/325mg TID	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>broke clavicle by pulling pants up, having to use wheelchair d/t feeling like her muscles are pulled in her left leg, has trouble getting out of bed, and having whole body jerks, has lost function in her left leg and is very weak and having to use a wheel; This study is being ordered for trauma or injury.; 12/10/17; There has not been any treatment or conservative therapy.; chronic back pain, left clavicle break, loss of sensation in left 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</p> <p>Chief Complaint: Pt reports that since he had Lt knee surgery (with Dr Sidani) approx 3 days later he developed this lumbar region back pain. At first it was only radiating to his Rt side, but now radiates to both sides. Pt reports several falls, where 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.; Chief Complaint: Pt reports that since he had Lt knee surgery (with Dr Sidani) approx 3 days later he developed this lumbar region back pain. At first it was only radiating to his Rt side, but now radiates to both sides. Pt reports several falls, where he; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Chronic pain even after 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.; Subjective L sided weakness. In ER 2 weeks ago. Had EKG and pain shot at hospital. He's had physical therapy and not helping. Describes a "knot" in his back. He states that hes been having continued weakness in L side even with PT. His pain, especially in; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Complaints of back and hip pain. X-ray done, dictation to follow.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Greater than one year with LLE pain, tingling, and decreased strength; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p> <p>Congenital anomaly. Ruling out spina bifida. Patient has xray showing evidence of spina bifida. Vascular insufficiency of bilateral extremities. Decreased capillary refill and leg swelling.; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above</p>	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Conservative treatment for greater than 8 weeks. No Chiropractor or PT ordered due to unknown etiology of 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.; 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.; Celebrex Meloxicam Tizanidine Ibuprofen Naproxen	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CONSERVATIVE TREATMENT HAS NOT WORKED; This study is being ordered for trauma or injury.; 1 1/2 YEAR AGO HAS TRIED CONSERVITAVE TREATMENT; There has been treatment or conservative therapy.; crepitus, headache and neck stiffness; TREATED WITH CHIROPRACTIC, HEAT AND ICE, ROM 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 CURRENT XRAYS SHOW SCOLIOSIS AND CONSERVATIVE TREATMENT IS NOT HELPING HER PAIN; This study is being ordered for Congenital Anomaly.; SHE HAS HAD SCOLIOSIS-CONGENTIAL DEFORMITY AND HAS BEEN HAVING BACK PAIN FOR YEARS. IT HAS BEEN AGGRAVATED SINCE 02/2017 AND WE ARE SENDING HER TO UAMS FOR TREATMENT AND THEY ARE NEEDING MRI WHICH HAS NOT BEEN DONE; There has been treatment or conservative therapy.; The patient is complaining of back pain. The patient states she has pain up her entire back from her neck. It burns and hurts. She is taking Tramadol with Gabapentin and it is not helping. NECK AND BACK STIFF AND TENDER ON EXAMINATION; PATIENT HAS BEEN ON ORAL MEDICATION FOR OVER 9 MONTHS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Degenerative disc disease, lumbar region; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt. states she was doing PT for her back and therapist saw that it wasn't helping.  BACK: BILATERAL QUADRATUS spasm which is very tender to even slight palpation most pronounced at the costal insertion, no costovertebral angle tenderness, no kyphosis, ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Failed PT.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FAX; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Feet get cold and painful. He had a normal NCV,EMG at the VA, 2 years ago. He had CT of lumbar spine: bulging disks, and spinal stenosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	fell and having pain, weakness, and numbness off and on. along right buttock and travels down right leg and into foot.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	felt like right leg fell asleep, could barely walk, stumbling around, went to St B er was checked for blood clot, leg is continuously tingling from knee down; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Findings were consistent with mild bilateral tibial H demyelination and moderate chronic axon loss in the Left AHB, suggestive of S1 radiculopathy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Borderline slowing of BLE tibial H responses. EMG needle exam reveals small amplitude spontaneous activity in the left AHB. Paraspinals are difficult to examine with patient unable to relax for needle exam. These were findings with nerve conduction study.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	football injury; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Four views of the lumbar spine are performed. There is grade 2-3 anterior spondylolisthesis of L5 on S1 measuring 1.9 cm. There is mild spondylosis at this level with mild arthritic change involving the apophyseal joints of the lower lumbar spine. 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.; trace weakness on left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FUTHER DIAGNOSTIC EVALUATION ORDERED MRI L SPINE DUE TO WORSENING PAIN,NUMBNESS AND WEAKNESS.COMPARE TO PRIOR MRI 2015; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; sical Exam Exam Findings Details Chiro Spine - Lumbar * Milgrim's is Positive bilaterally. Kemp's is Positive on the Right. Yoeman's is Positive on the Right. Straight leg raise is Positive on the Right.Ankle ROM - R * Active ROM - Factors: nor; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	had plain films and saw a chiro w/o any improvement; sharp pain bilateral legs; pain aggravated by walking sitting or working; weakness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	He reports a remote history of a back injury. In 2008 he states he had an MRI and a Springville Hospital which revealed lumbar degenerative disc disease. He actually used the words cauda equina syndrome and reported that he has had some bowel and bladder ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	hip pain; This study is being ordered for trauma or injury.; over 6 mos; There has been treatment or conservative therapy.; back pain numbness in fingers; 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	hx of gluteal abscess. Now with increased back pain and elevated WBC; This study is being ordered for Inflammatory/ Infectious Disease.; 11/10/17 office visit; There has been treatment or conservative therapy.; back pain, elevated wbc; hx of gluteal abscess. Now with increased back pain and elevated WBC, was given rx for pain on 11/10/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Limited flexion lumbosacral spine, Limited extension lumbosacral spine, Limited rotation lumbosacral spine, Decreased strength, Positive Straight Leg Raising, abnormal straight leg raising 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.; 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.; Limited flexion lumbosacral spine, Limited extension lumbosacral spine, Limited rotation lumbosacral spine, Decreased strength, Positive Straight Leg Raising, abnormal straight leg raising test	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain radiating down left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain radiating down the right leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LOWER BACK PAIN WITH RADIATING 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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Mr. SCHIELL is a 61 year old White male. He is here today following a transition of care from the emergency department (baptist conway). Initially treated for kidney stone for which none was found &#xOD; &#xOD; &#xOD; Patient to be evaluated for low back pain. The ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks. Musculoskeletal: Positive for back pain (radiated down bilateral legs.) and gait problem (slow gait with mild limp noted at imes.). Negative for neck pain. &#xOD; Neurological: Positive for tingling, weakness (intermintient weakness when sciatica pain is mor; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: Positive for back pain (radiated down bilateral legs.) and gait problem (slow gait with mild limp noted at imes.). Negative for neck pain. &#xOD; Neurological: Positive for tingling, weakness (intermintient weakness when sciatica pain is mor; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	N/A; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 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.; 09/19/2017; There has been treatment or conservative therapy.; right side weakness, dizziness, blurred vision; medication, 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	need update MRI for pain center; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; pain.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	new info to be faxed previous request tracking #055630297; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. no; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; 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.; maintain regular physical activity ; follow up visit every 6 weeks; Meloxicam	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; decrease reflexes of right lower extremity	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in left side & leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	NONE; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is having is having right sided weakness in the right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/9/2017; There has been treatment or conservative therapy.; pain in T spine, other chronic pain, low back pain; 6 weeks PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; There has not been any treatment or conservative therapy.; 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Notes: lost feeling and having tingling in bilateral legs - no injury ER suggested MRI low back pain : Motor Strength and Tone: hypertonicity; decrease in strength 2/5 in bilateral lower extremities. Joints, Bones, and Muscles: no contractures, malalig; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	numbness in both legs, lumbar disorder m51.06; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain in lower back still persist ,radiating to both legs, By mid day legs feel weak and having issues,Been doing home exercise regimen and taking ibuprofen once daily; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>pain radiating from his feet/ankle up into his lumbar region of his spine. Indomethacin has not helped the pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient complains of diffuse pain and radiculopathy. C-Spine X-ray shows L5-S1 height loss with osteophyte present. Pt does not appear to have arthritis on x-rays.; This study is being ordered for a neurological disorder.; Pt states symptoms have been worsening over the past year.; There has been treatment or conservative therapy.; Radiating pain and radiculopathy down both bilateral upper extremities as well as lower extremities. Pt does have limited range of motion in upper extremities.; Pt has been taking ibuprofen and tylenol with no pain relief or symptomatic relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Patient continues to complain of back pain. Has appt. with Pain Specialist in November 2017; This study is being ordered for trauma or injury.; July 7, 2017; There has been treatment or conservative therapy.; Fell and hurt back, complaints of back pain; Physical Therapy x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient fell 10/16/17. Went to ER and then followed up with Dr. Noonan 10/24/17 and 11/8/17. No improvement in symptoms which is low back pain radiating to buttocks. Interferes w/sleep, work. Cannot lie flat. No improvement w/steroids, muscle relaxer ; 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.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has failed outpatient conservative treatment with steroids and NSAIDs. She has worsening pain as well as worsening pain and numbness radiating down her right leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has had chronic low back pain with no relief with low back exercises or physical therapy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has had severe reported back pain since June of 2017. Patient has went to Physical Therapy for 8 weeks with no relief. Patient has continued physical therapy in his home for 6 weeks. The pain is causing patient to have limited ability with his fam; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has hypoesthesia L4 L5 S1 S2 distribution; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; knee jerk plus 1 , ankle jerk plus 1</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient having low back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is having some increasing pain. She historically has had back pain resulting from a MVA. We are getting updated imaging to determine if she should continue pain management through pharmacologic therapy or if she is in need of more surgery. Additio; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient last had MRI in 2014 and needs updated one to see neurosurgeon. X-ray in chart, showed degenerative disc disease of cervical, thoracic and lumbar spine with osteophytes on spine.   DX: M54.5 dorsalgia M54.2 cervicalgia M25.7 osteophyte on vert; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient may need to have surgery for different injection sights. We are going off of his MRI from 2014; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has had epidural injections recently, patient was working out in the yard this weekend and has had worse weakness and increased back pain. Patient has 10/10 pain scale.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient presents with greater than 1 month low back pain. Has tried and failed conservative treatment including PT, OTC and prescription medications. Has previous history of lumbar spine surgery.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient received xray, additional imaging is needed for further study.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient reports headache, localized back pain. Patient was involved in MVA one week prior to 10/22/17. Patient has not improved with therapy, experiencing tenderness upon exam. Patient tried ibuprofen and icing with no improvement. x-ray does show slight; 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.; difficulty staying seated for any length of time due to pain and he has issue holding and playing with his young child.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient stated his hip pain is now moving across his back and shooting down the back of the leg on the right side. Patient stated the left side is not much better.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient states tthe pain is worsening since her last visit and it has been going on since June 2017 , conservative treatment for sciatic has failed and exercises for sciatica has failed also; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Doctor states right straight leg raise is positive and has been taking medication; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient with Chronic Back pain. Reports he has been in a car wreck in the past however the back pain has worsened after falling this summer. He had CT in ER that shows broad based disc bulge L5-S1. He has continued intermittent pain with activity in hi; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patients was prescribed orally medications for pain as well as back exercises but symptoms are not any better.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the 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 symptoms are not better.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Please see attached clinicals.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Has been seeing physician for lumbar and cervical spine pain since 12/31/2012; There has been treatment or conservative therapy.; Low back and cervical spine pain; Gabapentin since 12/31/2012. Parafon Forte since 04/23/2014. Mobic 01/12/2016. Was seeing a chiropractor in 2016 but got to be too painful (Per patient); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	post op lumbar surgery 08/11/2017-; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above pt had an x-ray that shows Degenerative disc disease; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt is complaining of weakness and numbness in legs. xray showed disc disease back in July; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has attempted PT w/ no relief; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt has done physical therapy in 5/2017 with no improvement.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has finished physical therapy and he has also failed steroids and medical therapy. Will need MRI as he is getting worse. Pain radiates down both hips. Severe lower back pain with sciatica. Noted that strength in right leg has decreased 3/5 compared ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He is slow to transfer from sitting to walking and gait is slow and careful. Strength of the right leg is decreased to 3/5 when compared to the left 5/5.; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has lumbar radiculopathy and lower back pain .; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt has to physically lift her right leg to move she has numbness from her knee down; This study is being ordered for Inflammatory/ Infectious Disease.; 12/8/2016; There has been treatment or conservative therapy.; pt has increased pain, tingling in her right lower extremity, she is unable to lift her right leg; Rest, medication, steroid, 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has tried at home therapies, pain medication, ice ,rest and heat without relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has weakness in legs and back area; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt suffers with neurogenic claudication, with numbness and tingling. PT for 2 months.; The study 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PT WAS SEEN 10/10/17 FOR MIDLINE LOW LUMBAR PAIN WITH POSITIVE COCCYX TENDERNESS. DID XRAYS OF LUMBAR SPINE THAT SHOWED MILD DDD AT LUMBAR SPINE BUT SACRUM AND COCCYX WERE UNREMARKABLE IN APPEARANCE.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt with known annular tear to L5-S1, mild central disc protrusion 2nd to annular tear per MRI 2013, recurrent and chronic pain to low back with radiation rt lower extremity, c/o needle/pins to lower extremity; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt. c/o of worsening pain with strenuous activity; pain in upper legs described as a burning aching pain worse while resting after activity. Rates worst pain at 9.; 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: limited range of motion due to pain and muscle spasms of the lower lumbar spine, there is moderate tenderness over the SI joints bilaterally, there are no focal point tender areas. , , RIGHT, L4 point tenderness with tapping causing shooting electri; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt. has an abnormal xray that suggests pt to have mri of lumbar. pt has back pain radiating down right leg and decreased popliteal reflex; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; decreased popliteal reflexes	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Reduce reflex on left side, straight leg produces pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	see attached; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/09/2016; There has been treatment or conservative therapy.; back pain; tens unit, steroid pack and injections, physical therapy with chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	She is not having pain in the right leg. She stands a lot and has to lift a lot at work. The pain is in her left SI joint area, buttocks and radiates down her left leg. No weakness in the leg. She also says her arms will tingle and go to sleep when she li; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient is complaining of mid back pain. He denies saddle anesthesia and associated bowel or bladder dysfunction. Patient states pain level today on a scale of 0-10 is 6/10.; This study is being ordered for trauma or injury.; Around 2 months ago. Was seen in clinic on 11/2/17, 11/10/17, and 12/1/17. Has been doing physical therapy since first of November.; There has been treatment or conservative therapy.; Pain in mid to lower back that radiates down both legs with muscle spasms noted in thoracic region; Physical therapy since 11/7/17 and on going but patient says no relief in pain. Lidocaine patches, with Ibuprofen (800 mg) twice daily since 11/2/17 and Mobic since 11/10/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient potentially needs another surgery but needs an update MRI in order to get in with the surgeon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain of the cervical spine with radcuopathy and low back pain with radicuopathy, the patient has trouble walking and is using a cane; pt has been given muscle relaxers and anti inflammitories, he has completed Physical therapy, the patient has seen a spine dr and was given an injection in the spine which made him worse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	12
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	6
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	5
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	19
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	3
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	13
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	497
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	5
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	145
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	10
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	358
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s); The patient has Neurological deficit(s)	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This all began with a fall on the snow on Jan 8, 2017. She was seen in the ER that day. Since then, he has tried anti-inflammatory medications, steroid injections, a chiro referral that resulted in still positive radiculopathy signs. She has also been see; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Tingling in the left side of the body and foot. LBP and LLE radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unable to dorsiflex to right foot; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 11/11/2017; There has not been any treatment or conservative therapy.; acute lower thoracic pain and complaints of no sensation to posterior mid chest to mid thigh bilateral; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	This is a request for a pelvis CT angiography.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are 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 CT PELVIS WITHOUT CONTRAST	; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.;" This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	I leg/hip pain, weakness and stiffness; 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 CT PELVIS WITHOUT CONTRAST	patient complains of diarrhea and right side groin, inguinal pain which has gotten worse over the past several weeks. has a history of right inguinal hernial repair about 15 years ago.; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient had been working on his house and he was pulling on a counter when he felt a ripping pain in his groin. He had a Hernia repair 26 years ago and is afraid that it might be a torn hernia repair.; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient having left groin pain, severe. ultrasound was done and mass was seen need CT so patient can be referred to specialist.; 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 CT PELVIS WITHOUT CONTRAST	PT. COMPLAINS OF PAIN IN THE RIGHT TESTICLE AND PAIN IN THE RIGHT INGUINAL AREA. ON PHYSICAL EXAM, DR. MONFEE FOUND A RIGHT INGUINAL MASS WITH RETRACTED RIGHT TESTICLE. HE HAS A HISTORY OF A RIGHT INGUINAL HERNIA.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	R/O incarceration from incisional hernia; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	swelling, mass, lump on unspecified side; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	The Pt has had mass for several years, grown in size.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is NOT plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	WORSENING ABDOMEN PAIN WITH REBOUND TENDERNESS WITH ELEVATED TEMPERATURE.; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72196 MRI PELVIS		1
General/Family Practice	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MARCH 2017*; There has been treatment or conservative therapy.; FAX; STEM CELL INJECTION* RX* OTC* ICE/HEAT*; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 1992; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; compression, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 MRI PELVIS	; This study is being ordered for Inflammatory/ Infectious Disease.; patient has had problem since April. She did PT which resolved problem then, now having pain again.; There has been treatment or conservative therapy.; tenderness to R SI joint; Physical Therapy and Medrol dose pak; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72196 MRI PELVIS	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2017; There has been treatment or conservative therapy.; Abdominal pain, ovarian cyst.; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	ELEVATED PSA; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 MRI PELVIS	Enter answer here - or Type In Unkno Had multiple scans done and was in there for one day. Scans showed renal lesion and liver abnormality. Was recommended he receive an MRI of his abdomen for further characterization. .; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	Follow up from a CT scan done an MRI was recommended; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/07/2017; There has been treatment or conservative therapy.; Hip and back pain and osteitis; Pain Management and Tylenol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	followup of renal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	hx of gluteal abscess. Now with increased back pain and elevated WBC; This study is being ordered for Inflammatory/ Infectious Disease.; 11/10/17 office visit; There has been treatment or conservative therapy.; back pain, elevated wbc; hx of gluteal abscess. Now with increased back pain and elevated WBC, was given rx for pain on 11/10/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	Patient reported to clinic with injury 10/27/17. There has been no improvement in his symptoms or pain since that time. Would like to eval for a sports hernia; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of something other than the pelvic gurdle, sacrum or the tail bone (coccyx).	1
General/Family Practice	Approval	72196 MRI PELVIS	PT IS HAVING COCCYX PAIN, PT PAIN IS SEVERE, THROBING ACHING AND BURNING . PAIN IS WORSE WITH SITTING . PT STATES LIKE SHE IS SITTING ON A BALL. PROVIDER DOES FEEL A SMALL KNOT IN THE COCCYX REGION. PT IS WORRIED ABOUT A CYST; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the tail bone (coccyx).	1

General/Family Practice	Approval	72196 MRI PELVIS	Pt is needing to have a MRI Abdomin+Pelvis with contrast done. Pt has an abdominal mass.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72196 MRI PELVIS	r/o IBS AND ADHENSION RELATED PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; right and left lower abdominal quadrant pain, intermittent abdominal pain from right to left which are chronic; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	The Pt had CT of ches 12/08/2017, central lobular emphysema. Indeterminate renal lobe mass lesion.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	5
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	7
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	4
General/Family Practice	Approval	72196 MRI PELVIS	ultrasound was inconclusive. know there is a "cyst" but can not tell from ultrasound if it is on the ovary or the uterus; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY		3
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	16
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	2

General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity. < Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for trauma or injury.; 10/07/2017; There has been treatment or conservative therapy.; CONFUSION, VERTIGO, PARASTHESIA, ABRASION RUE; PATIENT IS BEING TREATED BY WOUND CARE, BEING TREATED BY OCCUPATIONAL THERAPY AND SCHEDULED APPOINTMENT WITH ORTHOPEDIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	neuropathy; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; dropped hands; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	6
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	6
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	2

General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The 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. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/9/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication -OTC Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/20/2017; There has not been any treatment or conservative therapy.; chronic pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/25/2017; There has not been any treatment or conservative therapy.; headaches dizziness pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. < Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; tramadol Tylenol codeine; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Hydrocodone Flexural; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Abnormal x-ray.; 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 exercise for shoulder pain and did not improve. Done for over six weeks.; The patient received oral analgesics. hip pain; This study is being ordered for trauma or injury.; over 6 mos; There has been treatment or conservative therapy.; back pain numbness in fingers; 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	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Limited range of motion due to pain and muscle spasms of lower lumbar spine. Moderate tenderness over the SI joints bilaterally. Left shoulder effusion moderate to large with crepitus an cracking over extremes of flexion and extension. Rotation is painful; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	loss of range of motion, ib profren, heat and stretching.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>may have reinsured it taking the roof off a truck two weeks ago. In severe pain now.; This study is 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 1 2017; There has been treatment or conservative therapy.; pain, unable to sleep, no alleviated by any conservative measures for over 8 weeks. positive impingement maneuvers. positive cross arm test on both arms. xrays show acromioclavicular arthritis otherwise normal.; Physical therapy, steroid injections, Home exercise program and change in activity level and NSAIDS for over 8 weeks. not any better, worse severe pain now. suspected rotator cuff tears.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>None; 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.; Pt was given pain medications; The patient received medication other than joint injections(s) or oral analgesics.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>NUMBNESS; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patient presents with right shoulder pain for greater than 3 months. Unable to lift arm over head, has some tingling and numbness.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Persistent shoulder pain with no improvement with PT. Physical Therapist suggested MRI. Patient felt something pop and pain has been consistent since this.; 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.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>PT HAS COMPLETED 3 MONTHS OF CONSERVATIVE TREATMENT AND HAS NO IMPROVEMENT.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>R/O Injury; 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.; PREDNISON Tapper given; The patient received medication other than joint injections(s) or oral analgesics.</p>	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Shoulder pain x 2 weeks. No injury or accident. Difficulty with ROM. Cannot lift above 90 degrees. Does not hurt while touching. Using aspercreams, icing it. Received steroid injection, did not help.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	SOFT TISSUE MASS; The requested study is a Shoulder MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; The study is not requested for shoulder pain. The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; c/o right shoulder pain, anterior, lateral, exacerbated by overhead activities, difficulty sleeping on affected side; palpation elicits tenderness over front and back of shoulder decreased internal and external range of motion positive impingement sign. r	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; decrease external rotation	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; FAX	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt is experiencing strong pain in shoulder and physician suspect pt may have rotator cuff tear.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt was playing volleyball around 10/7/17 and right shoulder popped. immediate numbness and tingling after shoulder popped. seen on 10/7/17 given prednisone and instructed to take otc nsais and rtc in 2 weeks. pt still with numbness, pain and tingling on	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; rotator cuff tear	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected tear	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; trouble moving arms over head, limited ROM, ice therapy/resting/elevation, taking Meloxicam and Steroids.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Unknown	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Mechanism of injury: c/o recurrent pain recently after golf and bowling..  Immediate symptoms: immediate pain, delayed pain, immediate swelling, delayed swelling. Symptoms have been worsening since that time.  Prior history of related problems: no prior	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has left shoulder internal derangement	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient presents with 8 months of chronic shoulder pain that has worsened in the last month. Pain with reaching out to the side and reaching behind him.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; RIGHT SHOULDER PAIN, weakness; catching/locking, Special Tests Right: O'Brien's test positive and empty can sign positive	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	17
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	6
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	173
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; ; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; Suspected rotator cuff tear; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; tenderness, stiffness, pt has had arthro done with no relief; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; Unknown; The patient is experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 7/18/17 first visit say no pain pills work.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; FAX	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Looking for rotator cuff tear/cant lift above her head/heard popping sound when it happened	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; None	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; ongoing pain for 6 weeks, cannot raise arm above 90 degrees and cannot reach behind her back, has tingling in fingers at times as well. feels like should re-positions itself and makes noises when moving.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has had a previous rotator cuff surgery to the left shoulder in the past , patient reported he was unloading bags of feed and felt something pop in his left shoulder, has experienced pain that will not go away.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; PHYSICAL THERAPIST IS RECOMMENDING MRI, HAS A PARTIAL TEAR	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; prednisone since 10/30/2017 Tylenol , Aleve, decreased range of motion and pain shoulder x-ray on 11/9/2017 came back negative	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt has ATV accident a week ago, and he landed on shoulder; r/o rotator cuff tear; xray was unremarkable; suggested MRI.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt suffered an injury on 10/21/2017.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; R/O rotator cuff tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Shoulder pain, stiffness, limited ROM	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; unknown	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	9
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	7
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.;	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; left shoulder pain and limited ROM secondary to recreational vehicle accident.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; may have torn his rotator cuff.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; It is not known if there is documented findings of delayed healing.; It is not known if there are physical or plain film findings of prosthetic device dislocation.; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are documented physical or plain film findings of delayed or failed healing.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	20
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; Study being ordered due to trauma within past 72 hours.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The patient has not had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.; The patient has not had a recent CT of the shoulder.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	16
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has 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.	4
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.</p>	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.</p>	7
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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 operating surgeon for pre-operative planning.</p>	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion. This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; 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	73221 MRI JOINT OF UPPER EXTREMITY	unknown; The requested study is a Shoulder MRI; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is 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 months ago; There has been treatment or conservative therapy.; Pain; HEP, medications, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 1, 2017; There has been treatment or conservative therapy.; Bilateral hip pain decreased range of motion of hips.; Patient has been taking pain medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	Enter answer here - or Type abnormal findings on xray; 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 CT LEG OR LOWER EXTREMITY	sciatica and neuropathy; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	2

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; 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 history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a 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 no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a 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	3
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	CTA Lower extremities has a positive find of blockage in the lower extremities found on an Arterial Ultra sound that was performed.   CT- Abdomen and Pelvis is in regards for the kidneys. Patient has had multiple UA's with positive blood.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	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	4
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	10
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Pain, effusion in right knee; Medication, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 1992; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; compression, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; NSAIDs; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Significant pain in bilateral knees. Reports that he previously worked in a tire shop. Pain just in knees. Went to chiropractor two years ago and was told that his hips are offset. Reports that he has constant popping in hips but minimal pain. No family h; There has been treatment or conservative therapy.; Musculoskeletal: No back pain and no muscle aches. Pain localized to one or more joints bilateral knees.; Date of Service 07/25/2017. Patient seen and received Kenalog 80mg and Toradol 60mg IM for pain. Also advised patient he may take OTC Aleve or IBU.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2 weeks ago she was working in yard and knee started to ache. Walking makes it worse. It's a sharp pain with some swelling.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	acute pain of the left knee x 2 days. painful rom positive varus and valgus stress. instability. suspected meniscus 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
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	arthralgias/joint pain (left ankle), swelling in the extremities, and difficulty walking.; This study is being ordered for trauma or injury.; 9/25/2017; It is not known if there has been any treatment or conservative therapy.; arthralgias/joint pain (left ankle), swelling in the extremities, and difficulty walking; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Bilateral 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	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	COMPLAINS OF RIGHT KNEE PAIN THAT HAS BEEN PRESENT FOR A YEAR, STATES PAIN IS WORSE WHEN SHE IS UP AMBULATING FOR AWHILE, HAS BEEN TAKING IBUPROFEN WITHOUT MUCH RELIEF, LATERAL MCMURRAY POSITIVE; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Injured it, went to urgent care, swelling, tenderness, x-ray at urgent care, 9/21/2017 no acute findings, given a steroid injection and been on Meloxicam, ordered him a knee brace, presented on the 10th of October. Doctor suspects meniscal tear, anti infl; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Left knee pain after motorcycle wreck. Knee swelling and popping. Pain when he gets up; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	leg pain, lesion on femur, weight loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Member fell around 10-21-2017 and felt a popping in her knee and in the fall she broke her left hand which was treated first; now they are treating the knee. Swelling, popping and is aggravated by walking, stepping and climbing.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	none; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	None; 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
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	None; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	osteomyelitis; 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
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PATIENT IS HAVING HORRIBLE PAIN IN LEFT KNEE AND IT IS STARTING TO GET WORSE.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient presents with knee pain. knee swelling, stiffness and locking. Previous knee x-ray confirms loose body within the suprapatellar pouch. The donor site appears to be the anterior aspect of the lateral femoral condyle. recommend MRI for further eval; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt has history of meniscus tear and has re-injured left knee recently. unable to walk with out walker and is currently in straight leg brace. needs to see ortho asap but needs mri first; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt having left knee instability. knee gives out. decreased ROM, joint swelling. pain with climbing stairs. hx of mva with repair to tib fib of same leg. + McMurrays sign; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt. has an injury in Aug. 2017. pt. still complaining of pain. pt. was set to Phy. therapy for the ankle.; 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	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt. knee painful, increased swelling, difficulty walking,; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	seen in office on 10-17-17 for left knee pain dx with knee effusion aspiration of 8ml's performed and medicine was prescribed without any improvement over the last few weeks; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	severe pain; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient has struggled with persistent bilateral knee pain and swelling since 07/2017. She has tried and failed conservative treatment. Bilateral meniscus injuries are suspected.; 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 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The Pt has history of 6 prior athoscopic surgeries on right knee. Pt had positive McMurrays tes. Suspected meniscal tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The Pt started 10/03/2017 exercise and stretching Heat,cold, muscle relaxers, no relief; The patient received oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	6
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	7
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	4

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.</p> <p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.</p>	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.</p>	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.</p>	9
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	27
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	15
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	9
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	6
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	12
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; No, the member do not experience a painful popping, snapping, or giving away of the knee.	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	12
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	6
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	10
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	15
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	43
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	16
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	14
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	37
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are documented physical or plain film findings of delayed or failed healing.; Post-operative Evaluation	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	2

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Limited range of motion	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Locking	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Swelling greater than 3 days	6
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	11
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	11
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	11
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Abnormal bony prominence on plain film.; Suspicious Mass or Suspected Tumor/ Metastasis	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Patient had x-ray of right knee which indicated that an MRI would benefit to determine the growth noted inferior medial aspect of right knee.; Suspicious Mass or Suspected Tumor/ Metastasis	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	9
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	4
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	11
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	2

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The plain films were not normal.; patient had MRI for knee pain. MRI report states new fluid collection seen near tibia region. Concerned for infection. needs further evaluation with contrast.; Known or Suspected Joint Infection	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is not requested for knee pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is not requested for knee pain.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	9
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is an orthopedist.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Non-acute Chronic Pain; Limited range of motion; Limited range of motion	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Non-acute Chronic Pain; Yes, there is a known trauma involving the knee.; Instability; Instability	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Instability	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is 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).;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a pre-operative study for planned surgery.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is 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).;	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is not a pre-operative study for planned surgery.	2

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	6
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	17
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	25
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	3

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	4
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 08/10/2016; There has been treatment or conservative therapy.; chronic pain, c/o of buckling and trouble walking; nsaid, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknwon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/2016 - first encounter, most recent 3/28/2017; There has been treatment or conservative therapy.; contusion of lower leg, other non-specified injuries, calf pain, spasm, rt. knee pain, morbid obesity, pain and joint.; pain management, 11/2016 pt. had a LS CT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	xray of left ankle notes soft tissue deformity; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	X-rays today show bilateral osteochondral Defects; Bilateral Pain Tried 8 wks Physical Therapy ; anti inflammatories are not helping; has not had an MRI; Patient feels unstable in both Knees; We will place him in a medial unloader and order bilateral M; This study is being ordered for trauma or injury.; 10/01/2017; There has been treatment or conservative therapy.; Bilateral Knee pain Left greater than Right feels unstable in his knees; has had some associated swelling Bilaterally.; has tried Anti Inflammatories without improvement; X-rays today show bilateral osteochondral Defects; He has tried greater than 8 weeks of physical therapy without improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	E/O aseptic necrosis; This study is being ordered for Inflammatory/ Infectious Disease.; 11/27/2017; There has been treatment or conservative therapy.; pain in bilateral hips, unable to walk for any length of time, previous abnormal x-rays; x-rays, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Follow up from a CT scan done an MRI was recommended; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/07/2017; There has been treatment or conservative therapy.; Hip and back pain and osteitis; Pain Management and Tylenol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Frontal view suggests some lucency at the lateral aspect of the left femoral head, an area of lytic change not excluded. Consider further evaluation with hip MRI.; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	hard for patient to walk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2016; There has been treatment or conservative therapy.; hip pain, neuropathy; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	I would like to order an MRI of the bilateral hips to look for full-thickness cartilage loss. He does have a pincer and CAM type lesions which could be causing his bilateral hip pain.; This study is being ordered for trauma or injury.; 2002; There has been treatment or conservative therapy.; He describes the pain as sharp and stabbing located within the bilateral groin regions.; The pain radiates to the knee occasionally. Hurts worse with any type of physical activity and ambulation. It is relieved with rest. He has tried multiple treatments which include self-directed physical therapy anti-inflammatories and Tylenol. None of; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.; October 26 2017; There has been treatment or conservative therapy.; back pain with right sided sciatica.Degenerative disc and joint disease from L3 through S1 with grade 1 anterolisthesis of L4 relative to L5 as a result.; Nsaids, steroids, physician directed exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; The hip pain is due to a mass.; The request is for hip pain.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	4
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; The request is not for hip pain.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	2

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	5
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	3
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	3

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	7
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	4
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	5
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	unknown; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
General/Family Practice	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	Pt has claudication of LE and hx of DVT. ABI is 0.89; Is this a request for one of the following? MR Angiogram lower extremity	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; 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 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is not known if there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for 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	5
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; FLANK PAIN ON RIGHT SIDE, COSTOCHONDRITIS IN STERNUM; ANTIFLAMMATORY MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT</p> <p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months ago; There has not been any treatment or conservative therapy.; unexplained weight loss, down 53lbs without any diet changes or added 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</p>	5
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>43 year old male patient referred by Dr. Joseph Morgan for evaluation of a periumbilical abdominal mass/bulge. The patient first noticed the area a couple of months ago and it has continued to grow. It grows larger when going from lying flat to sitting up; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>A 109 mm cyst on left kidney. 9mm nodule in right lobe of lung.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/7/2017; There has not been any treatment or conservative therapy.; Abnormal CT. Recommended follow up in 6 months.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Abdominal Pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>bloating constipation gas; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT</p>	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Eddie is a 37 yo WM who presents to the clinic with c/o umbilical hernia that became large and painful on 11/24/17 when he was lifting tile. He was able to reduce it. UMBILICAL HERINA, PERIUMBILICAL ABD PAIN; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT Elevated liver lab results; 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 CT ABDOMEN WITHOUT CONTRAST	fluctuating uncontrollable blood pressure; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	foreign object in abdomen seen on xray 10/10/2017; 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 CT ABDOMEN WITHOUT CONTRAST	Having RUQ & LUQ pain ultrasound is within normal limits. Patient still having UQ pain. Needing to evaluate abdomen for 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
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	MBR Is having spells of hyperglycemia with severe nausea, not diabetic.; 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 CT ABDOMEN WITHOUT CONTRAST	None; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Large Hernia with shortness of breath.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Nonspecific abdominal abnormality on ultrasound Pt having significant abdominal pain for several months now. Plain film Xray shows constipation. Ultrasound of Liver showed concern. Pt also has elevated Lipase and Hep A Indeterminant.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Patient had a liver Ultrasound. The results were abnormal appearance of the liver with fatty replacement and scattered hypoechoic lesions. Correlation with CT recommended.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Protrusion noted to right addominal area next to umbilicus. Non-tender. Approx.2.5x1.5 in.; 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</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>pt c/o of pain in right upper quadrant.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>pt has not bowl movement in x2wks and can not pass gas. pt also having abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT</p>	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	PT IS HAVING ALOT OF PAIN IN AABDOMEN. PT DOESNT HAVE STONES BUT NEEDS TO BE RULED OUT AND PT HAS BEEN COMPLAINING ABOUT PAIN FOR THE LAST WEEK AND NO MEDICATION IS HELPING HE PAIN. THE PT ISNT ABLE TO KEEP FOOD IN HER STOMACH; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Don't know; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt suffers with ongoing abdominal. Gail bladder ct and Ultrasound performed.; 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 CT ABDOMEN WITHOUT CONTRAST	Recently diagnosed with diverticulosis. Abdominal and lower back pain, having bloody stool; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	severe weight loss greater than 20lbs, intractable nausea and vomiting uncontrolled w/meds; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Significantly elevated liver enzymes with mildly low platelets - likely due to fatty liver disease - will have an MA set up an abdominal CT to further eval the liver and spleen.; This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT	9
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	14
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	2

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	17
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	9
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	3
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	9
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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 CT ABDOMEN WITHOUT CONTRAST	umbilical hernia presents for several years; 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 CT ABDOMEN WITHOUT CONTRAST	umbilicus tender r/o incarceration; 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 CT ABDOMEN WITHOUT CONTRAST	unexplained 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 CT ABDOMEN WITHOUT CONTRAST	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Urinary frequency; 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 CT ABDOMEN WITHOUT CONTRAST	US of liver is incomplete. Unable to visualize the pancreatic head and there is a small, low density lesion in the liver, both of which can be better visualized using 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
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	will fax; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	x ray done on 11/02; 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	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; < 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	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	abnormal liver u/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.;; report of AAA of 4.9, ascites throughout abdomen, Gallbladder with sludge and stones, thickness to his liver, so the radiologist is requesting this CTA chest, abdomen and pelvis. Patient is there waiting to see; There has been treatment or conservative therapy.;; He states that right around when he started taking the Meloxicam he noticed that all food and liquids taste bitter. He stopped the Meloxicam after 3 days but his symptoms have worsened. He's had a decreased appetite bc everything tastes bitter, the only h; report of AAA of 4.9, ascites throughout abdomen, Gallbladder with sludge and stones, thickness to his liver, so the radiologist is requesting this CTA chest, abdomen and pelvis. Patient is there waiting to see; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	abnormal liver u/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.;; report of AAA of 4.9, ascites throughout abdomen, Gallbladder with sludge and stones, thickness to his liver, so the radiologist is requesting this CTA chest, abdomen and pelvis. Patient is there waiting to see; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for CT Angiography of the Abdomen and Pelvis.	6
General/Family Practice	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	UA results show no infection. Pt c/o frequency and urgency with hematuria. Other labs - CBC and CMP are within normal limits.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 14, 2017; There has not been any treatment or conservative therapy.; Two episodes of gross hematuria in the last 2 weeks - both painless. No flank pain, no abdominal pain, no burning with urination, no fever or chills or nausea or vomiting. Has had lack of energy and fatigue ober the last month. No vaginal bleeding.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/17; There has been treatment or conservative therapy.; Pt suffers with acute abdominal pain radiating to back. R/O pancreatitis, aortic aneurysm or dissection.; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/24/2017; There has been treatment or conservative therapy.; Pt has chest pain, Vertigo, gastric reflux. ; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	stress echo 12/21/17 showed enlarged aortic root 4.2 cm at coronary sinus; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DOUBLE STUDY + THEY ARE BOTH ANGIOS IS GOING TO EQUAL AUTOMATIC REVIEW. WILL JUST UPLOAD NOTE.; There has not been any treatment or conservative therapy.; DOUBLE STUDY + THEY ARE BOTH ANGIOS IS GOING TO EQUAL AUTOMATIC REVIEW. WILL JUST UPLOAD NOTE. stress echo 12/21/17 showed enlarged aortic root 4.2 cm at coronary sinus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the abdomen.	7
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		14
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 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 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is 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 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; 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 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is 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 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is 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 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/18/2017; There has been treatment or conservative therapy.; cystic prominent left sided retrocrural nodal lesion with adjacent probable small periaortic nodes on MRI; activity modification, nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Abdominal Pain  This is a chronic problem. The current episode started more than 1 month ago. The problem occurs daily. The problem has been gradually worsening. Pain location: ventral abdomen. The pain is moderate. The quality of the pain is aching and ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ABDOMINAL PAIN RIGHT SIDE VERY BAD PAIN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Acute abdominal pain lower left abdomen with vomiting; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ADDITIONAL ICD-10 CODE K76.0.... FATTY LIVER DISCOVERED JULY 2016 ..1 YEAR AGO BY CT, TESTING FOR POSSIBLE APPENDIX ISSUE, FEVER, MALAISE; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Assessment; Low back pain with radiation to right leg; Hematuria; History of kidney stones; We will get a CBC CMP a UA and a culture today we will also order an at MRI of the lower spine and a CT with stone protocol of abdomen and pelvis. It is ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is a 55 year female that is here today lower back. States pain is significant enough it is entered the ER this morning but the ER told her she needed to see PCP. Patient was just seen last week a urinary tract infection and was placed on Keflex.; There has been treatment or conservative therapy.; EXTREME LOWER BACK PAIN, STATES THAT THE PAIN RADIATES DOWN HER RIGHT LEG, SAYS THAT SHE WENT TO THE ER THIS AM WAS TOLD TO SEE PCP FOR MRI , SAYS THAT SHE WAS TOLD THEY COULD NOT DO ANYTHING FOR HER BUT GIVE HER A PAIN SHOT, SAYS THAT SHE WAS JUST SEEN I; Patient has multiple visits.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>CTA Lower extremities has a positive find of blockage in the lower extremities found on an Arterial Ultra sound that was performed. ; CT- Abdomen and Pelvis is in regards for the kidneys. Patient has had multiple UA's with positive blood.I; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Dixon presents with generalized abdominal pain. This is located primarily in the left lower quadrant and right lower quadrant. There is some radiation to the bilateral inferior flanks. It began 3 weeks ago. She estimates that the frequency of pain is ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>elevated enzymes; This study is being ordered for Inflammatory/ Infectious Disease.; eight days ago; There has been treatment or conservative therapy.; abscess, fever,; took medication, and stayed hydrated; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Enter answer here - or Type In Unknown If ; Patient complains of abdominal pain, other specified site. This is located primarily in the right flank. There is some radiation to the right lower quadrant. It began 6 days ago. The onset of pain occurred 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 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</p>	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Enter answer here - or Type In Unknown If No Info regard to the generalized abdominal pain, this is located primarily in the left upper quadrant and right upper quadrant. It began 1 month ago. Aggravating factors include meals. Nothing relieves the p; This is a request for an abdomen-pelvis 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 follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Having abdominal tenderness in right lower quad also in upper quad. Patient had leukocytosis and fever.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 CT ABD & PELVIS W/O CONTRAST	he is now reporting his face and eyes swelling - this is distinctly unusual.; This study is being ordered for Vascular Disease.; he is now reporting his face and eyes swelling - this is distinctly unusual; There has not been any treatment or conservative therapy.; he is now reporting his face and eyes swelling - this is distinctly unusual; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Hernia of abdominal wall; 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 CT ABD & PELVIS W/O CONTRAST	It has had multiple kidney stones. Pt has had to have medication and procedures in past to help pass these stones.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT LABS DONE SHOWS TRACE AMOUNT OF BLOOD IN URINE, UA TRAITS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Location: kidneys, Duration: 2 days, Timing: comes and goes, Intensity: Mild, Quality: red blood in urine, Symptom(s) Began: Suddenly, Symptom(s) progressed: stable, Context: family history kidney cancer; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Lower back pain Blood in urine Abdomen/Pelvis Pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.; 10/4/2017; There has been treatment or conservative therapy.; On previous ct, a bilateral pulmonary nodule was found and a mass cannot be excluded on right kidney.; Naproxen, moist heat, and easy stretching.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Nausea and vomiting noted.  Ms. Newingham complains of nausea and vomiting. This has been noted for the past two days. The frequency of episodes is several times daily. The emesis is described as having a bilious appearance. Associated symptoms incl; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	NEW ONSET DIAGNOSIS OVARIAN CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	nodule of the hernia repair causing pain and pressure; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is not requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	on exam patient has equal amounts of pain in the Gallbladder region and appendix. GB US (-) blood 3+ 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 CT ABD & PELVIS W/O CONTRAST	PAIN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient complains of abdominal pain and tenderness, bloating, nausea. Trying to rule out diverticulitis vs. diverticulosis, bile duct stone, pancreatitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient complains of generalized abdominal pain. This is located primarily in the left lower quadrant. It began 18 months ago. The onset of pain occurred with no apparent trigger. She characterizes it as sharp. It is of moderate intensity. She estim; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient complains of generalized abdominal pain. This is located primarily in the right lower quadrant. There is some radiation to the left lower quadrant. It began 4 days ago. The onset of pain occurred with no apparent trigger. He characterizes it ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has a history of kidney stones, she is having flank pain, blood in urine and it is felt she has a kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has a history of uterine cancer.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has extreme N/V, not able to hold anything down for % days, Type 1 diabetic having glucose elevations.; This study is being ordered for Inflammatory/ Infectious Disease.; 11/03/2017; There has been treatment or conservative therapy.; nausea, vomiting, RUQ Pain.; N/V Medication, Medication changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has had a torsion surgery. There has been a prior orchiectomy.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PATIENT HAS HAD RLQ ABDOMINAL PAIN WITH REBOUND, GUARDING AND FEVER. LABS PENDING.; This is a request for an abdomen-pelvis CT combination.; This study is being 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 CT ABD & PELVIS W/O CONTRAST	patient has hx of testicular cancer pt has a painful mass on testicle and it is growing; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is having abdominal pain with bright rectal bleeding , with guarding and crying with palpitations , patient has a history of cholecystectomy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is having abdominal pain. trying to rule out diverticulitis and ovarian cyst.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is in severe abdominal pain, complaints with vaginal bleeding. Patient has had HX of hysterectomy 10 years ago.; This is a request for an abdomen-pelvis 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 CT ABD & PELVIS W/O CONTRAST	Patient was in bed asleep and woke up with quadrant pain radiating into the back w/severe nausea and vomiting bile. White Blood cell count 16.8. R-sided tenderness and pain upon exam. Suspecting appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient with bleeding out of mouth and nose with thrombocytopenia, decreased platelet count. Inconclusive abdominal ultrasound; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Per US Gallbladder results: Dilated common bile duct up to 6 mm in diameter, a nonspecific finding. If symptoms continue, consider abdominal CT and/or MRCP for further evaluation as clinically indicated.; 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 Positive for constipation, occasional bright red blood per rectum, abnormal ultrasound - enlarged liver noted.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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 CT ABD & PELVIS W/O CONTRAST	Positive for R hip replacement; colon resection; and spinal fusion; WHITE BLOOD CELL COUNT1 16.4 K/uL 4.0-11.0 H F; RED BLOOD CELL COUNT1 4.20 M/uL 4.3-5.7 L F; HEMOGLOBIN1 11.9 g/dL 13.0-17.5 L F; HEMATOCRIT1 35.7; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	POSSIBLE KIDNEY STONE WITH HEMATURIA. ABDOMINAL AND PELVIC PAIN, WITH NAUSEA AND VOMITING; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	possible kidney stone, patient have hx of stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Possible Kidney Stones.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Previous imaging requires further study; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has left flank pain and noticed blood when wiping urine.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has pain and hematuria; Hx of kidney stones; trying to see if she passed them if or they're hung up somewhere (urologist diagnosed her with stones a couple months ago); This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt is having abdominal/flank pain with microscopic hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT STATES SHE IS HAVING LEFT SIDED ABD PAIN AND THINKS IT MAY BE RELATED TO HER ENDOMETRIOSIS FOR THE PAST 6 YEARS. PT HAD A PARTIAL HYSTERECTOMY IN 2012. PT IS HAVING LOW GRADE FEVERS AND NIGHT SWEATSPT HAS IBS AND EXPERIENCING NAUSEA AND VOMITING; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt with flank pain, hematuria and fever.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt. seen some hematuria and checking for kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RLQ PAIN IN THE APPENDIX REGION.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	SEVERE ABDOMINAL PAIN W/ TENDERNESS THAT GOES UP HER BACK.ELEVATED WHITE BLOOD COUNT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	severe pain abnormal Abd US  was told in the past that she has midgut mal rotation; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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 CT ABD & PELVIS W/O CONTRAST	Surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	suspected cyst; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	10
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	45
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	3

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; 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	13
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	13
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	16
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; ; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient had previous CT that showed mesenteric adenitis and this is needed to follow up; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	16
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is not physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have 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.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient 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	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; 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	3

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	10
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not 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 an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	7
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is NOT requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; The pre-op evaluation is for planned or possible ventral hernia repair ordered by a surgeon.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	49
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	11
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient has acute onset of left lower quad pain and tenderness.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; she has diarrhea, abdominal pain, fatigue and weight loss; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Adrenal Hemorrhage; Yes this is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient with Unintentional weight loss of 50 pounds over the last year. Loss of appetite. Complains of nausea about 1 hour after eating. Denies blood in stool or black tarry stools. She denies vomiting. Patient states she has had some sharp abdomina; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient with Unintentional weight loss of 50 pounds over the last year. Loss of appetite. Complains of nausea about 1 hour after eating. Denies blood in stool or black tarry stools. She denies vomiting. Patient states she has had some sharp abdomina; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Positive hemacult, fatty liver, and possible kidney stones; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PT HAS BEEN TO THE EMERGENCY ROOM WITH CONSTANT ABDOMINAL PAIN; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt is having painful bowel movements and has a h/x of the right uterer, severe abdominal pain; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Sudden change in bowel movements. concerned about adhesions after laparoscopic cholecystectomy; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	59
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; <Enter Additional clinical information >; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; physical exam showed enlargement; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; ; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Pt has a painful palpable mass concerning for ventral hernia; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; It is unknown if there has been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; ; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; PT presents with pelvic pain, menorrhagia, Iron deficiency anemia 2nd to chronic blood loss, Pelvic U/S with 3.5 cm Rt ovarian mass; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Trauma; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	61
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	15
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	10
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being 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	49
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being 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	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	7
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	39
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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	11
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A 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	10

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	11
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	24
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound results are unknown.; A contrast/barium x-ray has NOT been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	11
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	8
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	75
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ua performed and there is a large amount of blood in her urine; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unexplained weight loss, chronic cough and current every day tobacco use; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/25/2017; There has not been any treatment or conservative therapy.; abdominal pain , severe lumbar spine pain that radiates around to he abdomen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has been treatment or conservative therapy.; present with a possible peri rectal abscess, Hemorrhoids present for two weeks, lots of pressure, worsening; sits baths, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology very tender on bimanual exam and ttp of right upper quadrant, some pelvic tenderness as well, vomiting for 1 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 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 CT ABD & PELVIS W/O CONTRAST	Weight loss.; 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 CT ABD & PELVIS W/O CONTRAST	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 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; 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 MRI ABDOMEN	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2017; There has been treatment or conservative therapy.; Abdominal pain, ovarian cyst.; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	74181 MRI ABDOMEN	12/6/17 Ultrasound result Complex right kidney upper to midpole cystic lesion, stable in size  from the February chest CT. Benign and neoplastic etiologies are considered. Pre and post contrast abdominal CT, renal protocol imaging, is recommended for f; 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
General/Family Practice	Approval	74181 MRI ABDOMEN	2 masses in liver to be evaluated 4x5 cm and 5x7cm; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	CT ABDOMEN WITHOUT CONTRAST PERFORMED ON 10/19/2017 THAT SHOWED THERE IS A SOFT TISSUE NODULE ANTERIOR TO THE LEFT KIDNEY MEASURING 18 MM THAT APPEARS TO BE A NODULE ON THE LATERAL INFERIOR TIP OF THE LEFT ADRENAL GLAND. IT APPEAS TOO REMOTE TO BE AN ACCE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI ABDOMEN	Enter answer here - or Type In Unkno Had multiple scans done and was in there for one day. Scans showed renal lesion and liver abnormality. Was recommended he receive an MRI of his abdomen for further characterization. .; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI ABDOMEN	followup of renal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74181 MRI ABDOMEN	patient with prior ct presented with Bilateral renal cysts; 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
General/Family Practice	Approval	74181 MRI ABDOMEN	Pt is needing to have a MRI Abdomin+Pelvis with contrast done. Pt has an abdominal mass.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	74181 MRI ABDOMEN	r/o IBS AND ADHENSION RELATED PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; right and left lower abdominal quadrant pain, intermittent abdominal pain from right to left which are chronic; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74181 MRI ABDOMEN	The Pt had CT of ches 12/08/2017, central lobular emphysema. Indeterminate renal lobe mass lesion.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has painful hematuria.; It is unknown if the patient has had an IVP (intravenous pyelogram).; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; Pt came in complaints of abd pain	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; unknown	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; It is not known if there are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.; "There are no active or clinical findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.";	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There is no plain film or ultrasound evidence of vascular abnormality.; The patient is hypertensive and unresponsive to drug therapy.; unknown	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; Ms. Carol Welborn is a 57 year old woman here for initial evaluation of an Adrenal nodule, seen at the request of Dr. James Baker.   She had a CT scan on 9/29/2017, done for "adrenal cortical hypofunction", which showed a 0.8cm L adrenal nodule with HU	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; PATIENT PRESENTS TO CLINIC WITH A PANCREATIC HEAD MASS SEEN ON ULTRA SOUND AND CT ABD/PELVIS. PATIENT HAS ABDOMINAL PAIN AND WEIGHT LOSS WITH INCREASE LIVER ENZYMES.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; abnormal ct showing 5 cm hyper dense area of the right liver; 2.3 cm indeterminate left adrenal nodule;	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.;	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	4
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	4
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Authorization was obtained for this procedure but patient postponed and auth expired. In May 2017 she had a CTA done for vascular disease and a left lobe liver mass was detected. Recommended MRI for further evaluation. Thank you!	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT showed mass on liver, radiologist recommends MRI for better study	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; follow up to suspicious mass	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; He had a CT of A/P this year and has a soft tissue mass. Monitoring. Checking back after 7 months.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; On going abdomen pain and low back pain. Adrenal masses found on CT	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; PATIENT HAD A CT ABD/PELVIS ON 10/10/17 THAT SHOWS A LEFT ADRENAL MASS THAT HAS INCREASED IN SIZE SINCE 3/4/16, IN WHICH A MRI ABDOMEN WAS RECOMMENDED. PATIENT INITIALLY PRESENTED TO CLINIC WITH ABD PAIN AND HEMATURIA.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; patient had a cta of the chest and it showed a hepatic lesion. radiologist recommended an mri abd for further evaluation	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; patient had CT at st bernards revealing 3.1 cm adrenal nodule on the right side. needs MRI to rule out adrenal adenoma	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; PATIENT PRESENTS TO CLINIC WITH INCREASED LIVER ENZYMES. ABDOMINAL U.S. AND CT ABD ARE INCONCLUSIVE FOR PANCREATIC MASS VS LIVER MASS.	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient with abdominal pain was sent for CT abdomen/pelvis. Report shows nodule of RT adrenal gland, hypodense renal lesions bilaterally and heptomegaly. MRI abdomen recommended by radiologist for further assessment.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; PET CT PERFORMED AND MRI WAS SUGGESTED	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Questionable mass to liver and kidney found on CT	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Recommend nonemergent MRI without and with contrast and MRCP for futher evaluation per radiologist with St Bernards.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; The patient was treated in the Emergency room yesterday for abdominal pain. She has an abnormal CT Scan that showed a left adrenal mass. The Radiologist recommended an Abdominal MRI.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; It is not known if the patient had and abdominal ultrasound, CT or MR study.; Previous abnormal ultrasound	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT report from 9-27-17 Recommends MRI due to Liver with few small hypervascular mass lesions, hemangiomas versus other masses. Moderate Hepatic steatosis.	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pt had and CT abd and pelvis and they recommend a MRI or a CT abdomen with renal protocol to be able to review the mass on his lt kidney a little better and pt is allergic to the IV contrast and they are not wanting to do the CT contrast since he is outpa	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Recent abnormal MRI notes: A 1.2-cm isodense mass posterior and lower pole of the right kidney does enhance following contrast infusion. The finding could represent a complicated cyst versus a solid mass related to neoplasm. The finding is small in size.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.";	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had previous CT done in ER that showed liver mass	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	2
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	3
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	3
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Diffuse increased echogenicity throughout the liver with poor penetrability with some areas of subcapsular triangular-shaped sparing.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient has been having abdominal pain for awhile we are trying to rule out any further complications.	1

General/Family Practice	Approval	74181 MRI ABDOMEN 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt presented to clinic 10/25 with blurred vision and blood pressure issues labs were done, elevated Liver Enzymes, ultrasound was done and radiologist recommends MRI, Pt has HX of lung cancer.	1
General/Family Practice	Approval	75571 Coronary Artery Calcium Score, EBCT	This is a request for a MR Angiogram of the abdomen. Pt had calcium present on previous CT. Needs calcium score for possible cardiac eval;	2
General/Family Practice	Approval	75635 CTA AA&BI	This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Approval	ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		1
General/Family Practice	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	20
General/Family Practice	Approval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a limited Sinus CT	1
General/Family Practice	Approval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	pt had previous CT of abdomen and pelvis which showed hepatic liver lesions. pt having abdominal pain; Limited or Follow up other than Sinus CT; liver	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. ; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	2
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		1

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	2
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	77058 MRI breast,without and/or with contrast material(s);unilateral	CLINICAL INFO IS ATTACHED.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient had an abnormal mammogram on 10/21/17. Findings: 1.1 cm mass in the right breast at approximately 12 o'clock and nodular asymmetry with possible spiculation in the left posterior nipple line on the MLO view for which further evaluation is recomm; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	77058 MRI breast,without and/or with contrast material(s);unilateral	PATIENT HAD AN MRI GUIDED BIOPSY OF HER RIGHT BREAST AND THE PATH RESULT WAS: BREAST TISSUE CORES SHOWING FIBROCYSTIC CONDITION WITH EPITHELIAL HYPERPLASIA OF THE USUAL TYPE, COLUMNAR CELL CHANGE, AND FIBROADENOMATOID; HYPERPLASIA; HYALINIZED WITH MYXO; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient had diagnostic mammogram, left and right breast ultrasounds with no correlate for bilateral breast nipple discharge and pain. She also has a family history of breast cancer in her niece. MRI is recommended for further assessment; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient has a new diagnosis of breast cancer. The radiologist is requesting a breast MRI to help determine the extent of the cancer.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; It is not know if the results of this MRI (size and shape of tumor) affect the patient's further management.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient has double d breast; very dense ; refused to do mammogram; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient has nipple discharge and skin retraction of the left breast. She had a diagnostic mammogram and ultrasound on 11/8/17. She also has an aunt who has a history of breast cancer.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient's lifetime risk=22.1% using the Tyrer-Cuzick model.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Pt has very dense breast tissue and a family history of breast cancer in her aunt and 4 cousins, making her higher risk. Breast MRI is recommended.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Screening MRI is recommended annually, alternating between mammograms for high risk patients. She has a lifetime risk of 57%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	The patient's mother had bilateral breast cancer, and maternal aunt had breast cancer. Her maternal grandmother had ovarian cancer. Patient was BRCA tested and was negative. Bilateral breast MRI is recommended due to her family history as well as a life; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; 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).; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	8

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	4
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2
General/Family Practice	Approval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	64 yo female noted to have chest pain, unable to complete a stress test. Can't walk long enough. Just failed to complete a stress test.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal EKG test; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal EKG, abnormal regular stress test, high blood pressure, 3 diabetes, chronic smoker, chronic shortness of breath, and abnormal pulmonary test.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea chest pain fatigue episodes getting worse and more frequent; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Family history of heart disease,mixed hyperlipidemia,severe obesity,obstructive sleep apnea,insulin diabetic, due to above multiple risk factors; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Obesity Hypothyroidism  Chest Discomfort Hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient is having chest pain and shortness of breath while walking any distances; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient was consented for the procedure and was placed on the treadmill on the Bruce protocol, where he exercised for only 4 minutes and 25 seconds, completing stage I of the protocol. Maximum expenditure was 7 METs with an age-adjusted maximum heart; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; The results of the previous nuclear cardiology study were not normal.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient with chest wall pain that at times radiates to left arm. Recently performed CTA to rule out pulmonary embolus.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She has typical chest pain radiating to her arm, with shortness of breath, diaphoresis, hx of HTN and hyperlipidemia and strong family hx of heart dz. Is there some info they are missing?? Please retry. its very important.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient is less than 45 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p> <p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	10
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	4
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient 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 hyperlipidemia.; There are documented clinical findings of hypertension.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older.	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; 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
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2

General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was 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.	3
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	2
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	3

General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	3
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	5
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	3
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	6
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	6
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	9

General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has 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
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	2
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	7
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		1
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Patient has COPD; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1

General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer 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 (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	29
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	4
General/Family Practice	Approval	S8037 mrcp	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	Patient had a EGD on 2/2/16 and a biopsy was taken from the duodenum and a hiatal hernia found. History of renal stones. OV on 10/2/17 patient has tenderness to RUQ and also just above right flank area. Nausea  US performed in ED on 10/1/17-negative; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	Patient had gall bladder removed in 06/2017 and struggles with abdominal pain since.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	PATIENT HAS ELEVATED LIVER ENZYMES, ONGOING ABDOMINAL PAIN, AND NAUSEA.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	Patient is having abdominal pain, and Dyspepsia. Had an US and they suggested a MRCP; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1

General/Family Practice	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
General/Family Practice	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
General/Family Practice	Approval	S8037 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.	3
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< 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 a previous stroke or aneurysm.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; 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 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	2

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/20/2017; There has been treatment or conservative therapy.; Patient has low back pain w/right side sciatica, having headaches w/no relief and dizziness, nausea,.; 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	. This 23-year-old male had head trauma sustained this morning during MVA resulting in several staples to the right parietal scalp. He reports being the restrained driver of his pickup truck that was involved in MVA at a stoplight when a moving vehicle s; This study is being ordered for trauma or injury.; 10/04/2017; There has not been any treatment or conservative therapy.; Having neck pain, headache, nausea, required staples in right side of head.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; There is another reason why an MRI is not being considered; You denied the MRI so we are trying to get a CT to see what is going on	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHRONIC HEADACHES, FRONTAL AND SINUS, HAS GREEN NASAL DISCHARGE. ALSO HAS HEADACHES ASSOCIATED WITH ALLERGIES. TAKES ALLEGRA, RUNNY NOSE, ITCHY WATERY EYES DESPITE MEDICATION. NEAR SYNCOPE UNEXPLAINED; It is not known if there has been any treatment or conservative therapy.; CHRONIC HEADACHES, FRONTAL AND SINUS, HAS GREEN NASAL DISCHARGE. ALSO HAS HEADACHES ASSOCIATED WITH ALLERGIES. TAKES ALLEGRA, RUNNY NOSE, ITCHY WATERY EYES DESPITE MEDICATION. NEAR SYNCOPE UNEXPLAINED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; New patient to us, 2016 at least. Flare up over the last 2 weeks.; There has been treatment or conservative therapy.; headache and sinus pressure.; New paresthesias.; Zpak.; Prednisone.; Maxalt.; Albuterol.; Topomax.; Zithromax.; Clindamycin.; Nasal Steriod; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for Vascular Disease.; Unknown, last visit date 10/18/2017; There has not been any treatment or conservative therapy.; Weakness, falling, sweats; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	<p>amnesia and seizures; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, 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.</p>	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	<p>blurred vision and sensitivity to light pain into neck. pt states pain is constant. new pain, usually headaches are "mild"; 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.</p>	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	c/o memory loss; pt states that she went to Hardy with her children states when she got back home she walked in the door started getting nauseated, started crying. states that she did not remember that her father had died over 30 years ago, could not recall; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	constant pain; imitrex only helps sometimes; frontal headache pain; throbbing and pounding pain; recurring daily; pain worse with light and noise; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	egd, colonoscopy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-22-2017; There has been treatment or conservative therapy.; Nausea, diarrhea, fatigue, worsening headaches, neck pain; blood work, referred for muscle biopsy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	female presents with a f/u on migraines. Associated symptoms include dizziness, nausea and vomiting. Has a migraine that started yesterday. Describes dizziness as vertigo. Headache is located diffusely. Worse on the central back portion of her head. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Having throbbing Pressure; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	headache for 3 days, with vomiting, fatigue, weakness, blurred vision, meds not helping; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	left arm felt paralyzed along with right leg. had syncopal episodes.; 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.; It is unknown if the patient is able to have a Brain MRI for evaluation of these symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	migraines; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	NA; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	none; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.;" This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	onset was one month ago. The pain is diffuse with no specific location. Mrs. MILNER denies having significant prior headaches. Associated symptoms include difficulty sleeping. The headache is exacerbated with exposure to bright light and loud noises. ; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PATIENT HAS A HEADACHE AND EAR 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 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PATIENT HAS BEEN FREQUENTLY FALLING AND HAS PARKINSONS DISEASE.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has been seen 6 times since initial onset and has never fully gotten relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/05/17; There has been treatment or conservative therapy.; Dizzy, Headaches, light headed, pressure; Medrol dose pack, decadron shot, augmentin, zyrtec D, cleocin, prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has epilsy and the dr is trying to evaluate with the episdes of seizures.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PATIENT HAS PRESSURE IN HER HEAD. HURTS WORSE WHEN SHE TURNS IT TO THE SIDE.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is having headaches everyday.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTS TO CLINIC MULTIPLE TIMES WITH CHRONIC HEADACHES.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient states she is starting to forget simple things lately and is not able to get her words out at times. She states she has notice the symptoms has gotten worse in the last couple of months. She states she has been running red lights and running o; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	persistant right frontal pain pain over both temples pain lasting for 1 to 3 days muscle spasms to neck headaches recurring several times a week; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt c/o loss of sense of smell and taste that has been going on for longer than 2 weeks.; This study is being ordered for a neurological disorder.; pt didn't give exact date of onset. said that it has been going on for a while, longer than 2 weeks; There has not been any treatment or conservative therapy.; loss of sense of smell and taste; One of the 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	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt had a witnessed seizure and was sent to the er in Tennessee. new onset seizure.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt has a gastric pacemaker; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered; This is NOT a Medicare member.; This is NOT a Medicare member.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has had behavior changes with her headaches. They are severe and cause dizziness, vision disturbances and erratic behavior.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt reports sudden onset of headache unrelieved by OTC medications. Pt states that she became concerned when she began to experience dizziness. Unstable gait observed during encounter with patient.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt suffers with nausea, confusion, poor memory and sleeping a lot.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.;" This study is being requested for a recent head trauma or injury.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	right facial droop negative for facial palsy carotid issues (TIA); This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; It is unknown why an MRI is not being considered; This is NOT a Medicare member.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Several month history of persistent headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	She continues to have problems with headaches; This study is 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 here for follow-up to recent visit to the ER for complications of a UTI. She was placed on antibiotics and notes her urinary symptoms are improving. She continues to have problems with headaches. She states they always start the same place which i;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; headache; medicaton; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	45
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	4
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	35
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	26

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	4
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	this pt has had an onset of headaches and they have been getting worse daily. she has arm weakness and dizziness and some vision changes at times; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Trevor C Bice 32 y.o. male here today for Follow Up (4 week follow up) and Head Injury (Head injury 2 yrs ago was hit in the head having some head pain) Patient here today with his wife to review lab results. His liver functions were elevated, he tells; 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. uncontrolled jerking; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 10/04/2017; There has been treatment or conservative therapy.; headaches, neck pain, dizziness, ear pain, sinus pressure.; 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	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 09/01/2017; There has been treatment or conservative therapy.; severe headaches, neck pain, dizziness, stiffness,; 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	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	worsening headache pain; neck 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	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 ; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT ; 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 ; This study is 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 ; This study is 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	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHRONIC HEADACHES, FRONTAL AND SINUS, HAS GREEN NASAL DISCHARGE. ALSO HAS HEADACHES ASSOCIATED WITH ALLERGIES. TAKES ALLEGRA, RUNNY NOSE, ITCHY WATERY EYES DESPITE MEDICATION. NEAR SYNCOPE UNEXPLAINED; It is not known if there has been any treatment or conservative therapy.; CHRONIC HEADACHES, FRONTAL AND SINUS, HAS GREEN NASAL DISCHARGE. ALSO HAS HEADACHES ASSOCIATED WITH ALLERGIES. TAKES ALLEGRA, RUNNY NOSE, ITCHY WATERY EYES DESPITE MEDICATION. NEAR SYNCOPE UNEXPLAINED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; Unknown, last visit date 10/18/2017; There has not been any treatment or conservative therapy.; Weakness, falling, sweats; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT Dr. McClellan treated her for a sinus infection and in 1 weeks she wasn't any better so she went back and Dr. Sams took a sinus xray and she didn't have a sinus infection so he gave her a steroid injection. She has been dealing with this all summer. The p; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	F/U mass on neck; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Maxillary sinus pressure right side has worsened. Unable to tolerate Bactrim. Has taken 3 doses of doxycycline. Earache has resolved. No fever.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; It has been less than 28 days since onset AND the patient improved, then worsened	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the 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
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING NUMBNESS ON LEFT SIDE OF HER FACE,SHE CANNOT FEEL HER CHEEK OR LEFT NASAL AREA. PATIENT IS ALSO HAVING COUGHING AND CONGESTION.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; It has been less than 28 days since onset	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having severe pain in her face an cheeks also swelling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt c/o loss of sense of smell and taste that has been going on for longer than 2 weeks.; This study is being ordered for a neurological disorder.; pt didn't give exact date of onset. said that it has been going on for a while, longer than 2 weeks; There has not been any treatment or conservative therapy.; loss of sense of smell and taste; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	She continues to have problems with headaches; This study is 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 here for follow-up to recent visit to the ER for complications of a UTI. She was placed on antibiotics and notes her urinary symptoms are improving. She continues to have problems with headaches. She states they always start the same place which i; There has been treatment or conservative therapy.; headache; medicaton; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	The Patient is needing a CT max/Facial without contrast.  Patient very concerned that she may have cancer due to headaches and areas of swelling that she has noticed. I do appreciate mild swelling over left frontal sinus but am unable to palpate any ot; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	11
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	10
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 10/04/2017; There has been treatment or conservative therapy.; headaches, neck pain, dizziness, ear pain, sinus pressure.; 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 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: 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.; BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	egd, colonoscopy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-22-2017; There has been treatment or conservative therapy.; Nausea, diarrhea, fatigue, worsening headaches, neck pain; blood work, referred for muscle biopsy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	member suffered a fall; This study is being ordered for trauma or injury.; 11/09/2017; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	None; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had a sore throat for over 1 year.; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having severe pain in her face an cheeks also swelling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT unknown; This study is being ordered for trauma or injury.; 09/01/2017; There has been treatment or conservative therapy.; severe headaches, neck pain, dizziness, stiffness,; 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	3
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

		70496 CT ANGIOGRAPHY HEAD				
General/Family Practice	Disapproval	W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.		4
		70498 CT ANGIOGRAPHY NECK				
General/Family Practice	Disapproval	W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.		1
		70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.		1
				< 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.; Headaches with pain behind 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		
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 4 WEEKS; There has not been any treatment or conservative therapy.; DIZZINESS HEADACHE BLURRED VISION/ LOSS OF 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
				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2017; There has been treatment or conservative therapy.; pain; Naproxen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology		
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology		1
				; "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		
				In regard to the low back pain, reason for visit: This is a follow-up visit. Her symptoms are stable since last visit. This is a chronic problem, with essentially constant pain. She states that the current episode of pain started years ago. She denies ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.		
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Patient has chronic hypertension, and is a candidate for CVA incident.; This study is being ordered for trauma or injury.; 9/19/2017; There has been treatment or conservative therapy.; Headache, dizziness, elevated blood pressure, nausea and vomiting; Patient was hospitalized for the possibility of a stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology		1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary			1

General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Pt has peripheral vision loss; This study is being ordered for a neurological disorder.; 09/28/2017; It is not known if there has been any treatment or conservative therapy.; Pt had peripheral vision loss for approx 5 minutes; also has right breast swelling.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	trigeminal neuralgia, worsening headaches, left side facial pain, neck pain,; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Vision changes. She has seen ophthalmologist, so it is not a refractive issue. I don't think cataracts could have these episodic changes. With recent neurological changes it would be reasonable to get an MRI. neurological issues since then though. She a; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/15/2017; There has been treatment or conservative therapy.; Headaches, dizziness, 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	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	r/o aneurysm ha; 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	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Rule Out aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; more than a year; There has been treatment or conservative therapy.; headaches; medication , SP Block, zonisamide , nerve block , lidocaine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder. ; At least a year; There has been treatment or conservative therapy.; Unknown; CTA of chest, EKG, normal ECG, fell off a porch, light headiness, warmth, bilateral tinnitus, gradual onset headache, migraine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; Why Pt has been passing out; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	3
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	6

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; It is not known if there are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal findings on dx imaging of abdominal regions; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic recurring headache for over two weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Does have daily headaches since young teenager. Reports h/o injury to skull age 5 after running into a steel beam, denies after this incident.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	evaluate for ms; This study is being ordered for a neurological disorder.; 11/01/2017; There has not been any treatment or conservative therapy.; balance; vision problems r eye; look for ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	experiencing dizziness / falling; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Family History of Parkinson's disease  Patient has started to notice on multiple occasions of several symptoms he has started to have.   Daily episodes of bright white worms in field of vision, tremors, twitching right thumb and drooling daily. These e; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include vision changes.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	has daily headaches that are always there, These are usually in his forehead region Anything on his head putting pressure on it sets them off region, never goes away;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headache for 2 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	headache.; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headache; dizziness; cervical neck pain with associated arm pain; pt hx of falling from chair at home while sitting still.; This study is being ordered for a neurological disorder.; 11/21/2017 is the first clinic encounter for pt with these complaints.; There has not been any treatment or conservative therapy.; Headache with dizziness. Pt states room starts spinning while sitting in chair and falls from chair. Complaints of cervical neck pain radiating down both arms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. Headaches are getting worse. He's had headaches for a while, they are behind his (L)eye, now they are worse, were getting worse for 2 months before he got hit in the head a couple of days ago.   CHIEF COMPLAINT 2 Headaches (as reported by Patient) Co; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He's also had a frontal headache, which she's had off and on for years. He had a scan on his head years ago when he had the same type of headache, this was apparently negative.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LARRYSSA presents with headache. She is unable to recall when it began. The pain is diffuse with no specific location. It does not radiate. She has had prior headaches similar to this one. She denies fever. There do not seem to be any factors that w; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Location: Respiratory, Duration: 3 weeks , Timing: Constant, Intensity: Moderate, Quality: facial pressure, bloody nasal drainage, feels like she has to sneeze all the time. , Symptom(s) Began: Spontaneous, Symptom(s) progressed: not improving, Context: C; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). MEMORY AND COGNITIVE CHANGES, FORGETFULNESS, NEW ONSET RECENT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	memory loss, left side the patient's body is hurting; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a neurological disorder.; 10/2/2017; There has not been any treatment or conservative therapy.; Migraine, numbness and tingling in upper extremities, nausea.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	new onset for two months of severe memory loss no trauma; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient c/o recurrent chronic migranes with no relieve with prescription medications (Elavil, Sumatriptan); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT C/O SUDDEN SEVERE HEADACHE TO BILATERAL TEMPORAL REGIONS WITH NAUSEA, VOMITING, AND PHOTSENSITIVITY. PRESCRIBED MEDS HAVE NOT BEEN EFFECTIVE.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having blurred Vision bilaterally and eye pain, also diffuse Myalgias and bilateral upper and lower extremity paresthesia and 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having headaches for the last couple of months that are now daily, and in the vertex. She gets nausea and photophobia. The headache has a pulsing quality and worse with activity. She does feel fatigued lately and she sometimes gets dizzy ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has dizziness and gettyness and neoplasm of kidney; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had a chronic headache everyday for 6 weeks. with out any relief; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had syncopal episodes, Vision disturbance, memory loss, facial drooping , speech is also affected.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has hematochezia, elevated liver studies, near syncope, and tremors; 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is here today with complaints of pain in the back of his head and neck that feels like pressure. He states that it he lays down the pain can be quite severe. He states that on average it happens about four times a week, but it is just a throbbing ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presented with new onset severe headaches. Had cerebral cysts as a child, surgery done.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports syncope and dizziness with memory impairment.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports worsening of migraine headaches and they are occurring more frequently; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient suffers from long periods of time with headaches on the right side of her head lasting two or more days that are sensitive to light and sound.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with multiple ER visits for vertigo and loss of balance with no abnormal testing results. Patient has had medication trials that have failed and is still dealing with condition that affects her ability to function at her normal levels.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Positive for dizziness and headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt c/o bilateral feet and hand 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt c/o dizziness and multiple falls; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt had a witnessed seizure and was sent to the er in Tennessee. new onset seizure.; 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has peripheral vision loss; This study is being ordered for a neurological disorder.; 09/28/2017; It is not known if there has been any treatment or conservative therapy.; Pt had peripheral vision loss for approx 5 minutes; also has right breast swelling.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has recurring headache; visual disturbances; r/o aneurysm; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt is a cancer pt; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt recently had miscarriage. fatigued, headaches progressively worsening; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt was seen for another office visit on 11/02/17. Called back on 11/06/17 to let us know she still hasn't has any improvements.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt was seen starting 10/6/17 for these headaches.Asspciated symotoms where chest pain and SOB. Pt came in again on 10/20/17 and was started on Fiorinal. still with headaches on 11/1/17 visit. pt came in again 11/17/17 still with headaches requesting MRI t; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Recurring, started 6/7/17, prescription Imitrex, headache described as migraine but no formal evaluation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rule Out aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; more than a year; There has been treatment or conservative therapy.; headaches; medication , SP Block, zonisamide , nerve block , lidocaine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Same as last box; This study is being ordered for a neurological disorder.; Patient is having low back pain with radiculopathy and also migraines with visual changes.; There has not been any treatment or conservative therapy.; Low back pain radiating into leg and migraines with visual changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	SENSATIVE TO LIGHT AND SOUND MEDS NOT HELPING. PT APPEARED TOXIC AND SICKLY; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspected TIA; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	3
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; At least a year; There has been treatment or conservative therapy.; Unknown; CTA of chest, EKG, normal ECG, fell off a porch, light headiness, warmth, bilateral tinnitus, gradual onset headache, migraine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 08/21/2017; There has been treatment or conservative therapy.; Chronic pain (rated 10 out of 10), knot in shoulder and armpit.; 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	70554 Functional MRI Brain	Radiology Services Denied Not Medically Necessary	<Additional Clinical Information>; Yes, this is a Functional MRI Brain.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/27/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Chiropractor and increase water intake; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/01/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2016; There has been treatment or conservative therapy.; weight loss 30 LBS in a year joint and bone pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months ago; There has not been any treatment or conservative therapy.; unexplained weight loss, down 53lbs without any diet changes or added exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; painful lump; pt will use heat/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	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient c/o unintentional weight loss, drenching night sweats, fatigue. Quit smoking a month ago after smoking since the age of 15. Needs Ct abd/pelvis and chest to r/o cancer; There has been treatment or conservative therapy.; Weight loss, night sweats, former smoker for past 41 years. Needs further eval to r/o malignancy; Patient quit smoking and returned for follow up after six weeks of close observation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 6mth follow-up to last 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A lesion has been seen on a cxr. Further evaluation is needed. Plain film is not sufficient.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal chest CT back in 07/2017; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	31
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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	33
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Also having abdominal pain with severe soreness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is having right upper chest pain that radiates through to his back and shoulders; There has not been any treatment or conservative therapy.; right upper chest pain that radiates through to his back causing acute thoracic back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	c/o headache, intermittent chest pain for 3 weeks, c/o feeling weak for 2-3 weeks, weight loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/07/17 ter date of initial onset here - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; reports her appetite is off.; reports chest pain, dyspnea.; worsening headaches.; pt given trazadone 150 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest discomfort that is constant; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	CHEST MASS; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	complaints of being exposed to asbestos over the years and difficulty breathing.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	COPD, cough, smoked 37 years, decreased breath sounds; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	cough greater than 3mths; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	cough since 11/25/17, patient has been seen in the emergency room twice, Patient has taken anti-biotic, and x-rays have been normal; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	coughing up blood. chronic cough. low grade fever for 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Ct 11/11/16 Mild scarring or atelectasis both lung bases. 6 mm pulmonary nodule; right lower 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.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	deep pain left rib cage-worse in past few weeks; She comes in still having pain along the lateral aspect of her left rib cage. This hurts if she presses on it, or if she doesn't even move. The prednisone did help the pain, although never went completely 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

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	diffuse lower abdominal pain, diverticulosis, left pulmonary nodule. Patient had tenderness in her right lower quadrant. An x-ray was done on patient and we found a pulmonary nodule.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	egd, colonoscopy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-22-2017; There has been treatment or conservative therapy.; Nausea, diarrhea, fatigue, worsening headaches, neck pain; blood work, referred for muscle biopsy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	elevated enzymes; This study is being ordered for Inflammatory/ Infectious Disease.; eight days ago; There has been treatment or conservative therapy.; abscess, fever.; took medication, and stayed hydrated; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	HAS A GULF BALL SIZED AREA WITH PAIN NEAR THE LEFT AXILLA; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	he is now reporting his face and eyes swelling - this is distinctly unusual.; This study is being ordered for Vascular Disease.; he is now reporting his face and eyes swelling - this is distinctly unusual; There has not been any treatment or conservative therapy.; he is now reporting his face and eyes swelling - this is distinctly unusual; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	L plural base nodule, in the l upper chest 14.5mm with adenopathy; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Lung nodule, past history of cancer, previous CT done July 2016; this is for follow up; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Neck still hurts, she also said she got really disoriented, shoulders are still hurting. Pt failed EKG. Needs further testing; This study is being ordered for trauma or injury.; March of 2017; There has been treatment or conservative therapy.; ; Chiropractor and 6 weeks or more of physical therapy. Failed medication as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; It is unknown if anything else was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; 'None of the above' were noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has abnormal chest xray with chronic fibrosis of the lungs. Also a suspicious shadowing in left perihilar region. Patient is a smoker.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTS TO CLINIC WITH CHEST PAIN. RIGHT LUNG MASS WITH INCREASED RIGHT HEMIDIAPHRAGM NOTED ON 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient states she had a CT of abd/pelvis and was told she has lung masses.; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient's pain is worsening, patient is needing high tech imaging so we can adequately treat patient. To improve quality of life.; This study is being ordered for trauma or injury.; 11-11-17; There has not been any treatment or conservative therapy.; Chest pain, rib pain, abdominal 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Previous CT abnormal follow up study; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt had COPD changes and scarring on lungs were noted in an xray.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt has diplopia; r/o thymoma; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pulmonary nodule.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	R/O rib fracture; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2016; There has been treatment or conservative therapy.; pain in RUQ; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	right sided chest pain, persistent; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	see attached; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/02/2017; There has been treatment or conservative therapy.; fatigue and chills; B12 injections for b12 deficiency - no improvement in fatigue; labs done to confirm no other cause; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	She complains of occasional midsternal chest pain. She smokes one pppd; has a smokers' cough and shortness of breath. She has lost about 35 pounds in the last year.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	She has body aches, sinus pain, runny nose, SOB, cough, pain in her legs w/ walking & numbness. States she still has a cough, but it is improving. Prednisone did not change her SOB.; noted to have dyspnea for about 1 year, worsening lately. Used to be; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	She has body aches, sinus pain, runny nose, SOB, cough, pain in her legs w/ walking & numbness. States she still has a cough, but it is improving. Prednisone did not change her SOB. noted to have dyspnea; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	SOB, and elevated white blood count; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Suspicious of tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; HEMATEMESIS STARTED 3 DAYS AGO. FREQUENCY IS SEVERAL TIMES A DAY ESTIMATED BLOOD LOSS IS A FEW TEASPOONS. PNEUMONIA WAS SEEN WITH X-RAY.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Abnormal laboratory test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unexplained weight loss, chronic cough and current every day tobacco use; 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unintentional weight loss; persistent night sweats; leukocytosis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 09/29/2017; There has been treatment or conservative therapy.; patient is having chest congestion, cough and sore and chest discomfort; patient has had medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	X-ray of chest done in 2013. Nodule in the RML field seen. Was recommended to have a CT chest but she has not had done. She used to be a smoker but she quit 1 year ago. Still with cough and SOB. Denies night sweats or weight loss.; "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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	broke clavicle by pulling pants up, having to use wheelchair d/t feeling like her muscles are pulled in her left leg, has trouble getting out of bed, and having whole body jerks, has lost function in her left leg and is very weak and having to use a wheel; This study is being ordered for trauma or injury.; 12/10/17; There has not been any treatment or conservative therapy.; chronic back pain, left clavicle break, loss of sensation in left leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Hypertension has been difficult to control . Patient has been having intermittent pain and feeling swelling and muscle pain.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	<p>Patient has had severe reported back pain since June of 2017. Patient has went to Physical Therapy for 8 weeks with no relief. Patient has continued physical therapy in his home for 6 weeks. The pain is causing patient to have limited ability with his fam; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p> <p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.</p>	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.</p>	2
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p>. This 23-year-old male had head trauma sustained this morning during MVA resulting in several staples to the right parietal scalp. He reports being the restrained driver of his pickup truck that was involved in MVA at a stoplight when a moving vehicle s; This study is being ordered for trauma or injury.; 10/04/2017; There has not been any treatment or conservative therapy.; Having neck pain, headache, nausea, required staples in right side of head.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	3
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has not been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.</p>	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; 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</p>	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; pt injured her neck and shoulder in 2014; There has been treatment or conservative therapy.; pain in her neck that radiates down to her hand and shoulder; pt started PT this month and this doesnt seem to be helping, she has been giving or told to take ibuprofen OTC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. ACUTE NECK PAIN,INJURY OF NECK,INITIAL ENCOUNTER,FALL, INITIAL ENCOUNTER, Onset: 1 day ago. The frequency of pain is constant. Location of pain is bilateral anterior neck, bilateral lateral neck, bilateral posterior neck, bilateral shoulder and left ar; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical MRI shows C4-5 severe canal stenosis with canal diameter of 6mm. in addition, there is increased STIR imaging in the right C5-T1 facets, with facet enlargement. Patient is not myelopathic on exam. Will obtain CT cervical spine to further evaluate; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain and left shoulder pain. left trapezius muscle pain and spasm. H/O right tonsil cancer. No injury. No improvement with antiinflammatories.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	NECK PAIN; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of neck pain. States it is aggravated by movement. He states the pain has been there for a long time and is getting worse. He denies injury. He rates pain 3/10. He states he can hear a grinding noise when he moves head/neck. He states re; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient fell off of a ladder 10/4/17 and felt something "pop" on the right side of his neck.   Records will be sent for review; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had a fall and injured shoulder. He is now having bilateral hand numbness.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient had a x-ray done and showed fracture so doc ordered a ct no reason a mri cant be performed; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS SEVERE LUMBAR PAIN FROM SPINAL STENOSIS IN THE CERVICAL REGION ALONG WITH A PROLAPSED CERVICAL INTERVERTEBRAL DISC; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has severe pain that is non-radiating. The pain was sudden and preceded a fall. The pain is aggravated by lifting, prolonged standing, sitting and walking. She states the pain wakes her from sleep and is worse in the morning. She complains of left; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having abdominal pain and having neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having neck pain and has a knot on left side of neck. has uses nsuids with little relief; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient Stated that neck pain and back pain has gotten worst since last office visit; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Post traumatic neck and thoracic 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	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	R/O nerve impingement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Increasing chronic pain, sciatica pain, numbness, multi level spondylosis; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	RECURRENT CEREBRAL ANEURYSMS; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; 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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	This patient needs to be evaluated for the pain and radiculopathy in the lumbar, cervical and thoracic area to see if steroidal injections or surgery are appropriate.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; numbness and tingling in the lumbar area, severe pain and numbness in the cervical and thoracic area.; Patient has tried oral NSAID's, analgesics as well as home physical therapy and physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: 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.; BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	HPI-follow up on chronic thoracic back pain and had surgery with fusion one year ago. Unable to do anything and thoracic back pain radiates to the left side under her shoulder blade. Only minimal short term relief with the pain medication. Still with d; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	member suffered a fall; This study is being ordered for trauma or injury.; 11/09/2017; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had back pain for 2 weeks. No noted injury. Has tried oral steroid with no improvement.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT PATIENT HAS SEVERE LUMBAR PAIN FROM SPINAL STENOSIS IN THE CERVICAL REGION ALONG WITH A PROLAPSED CERVICAL INTERVERTEBRAL DISC; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient has stent and can not have mri. PT did not help but made it worse. patient has been on nsaid and steroids with no improvement.   patient had back injury 2 years ago. he fell at work crashing into metal cart with back and then landing on conc; The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine CT.; It is not known how many follow-up Thoracic Spine CTs this patient had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT persistent back pain for 8 weeks - son picked her up and felt a pop in her back. nsaid, relaxers, nor pain meds have helped; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Post traumatic neck and thoracic 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	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	She is reporting worsening mid back pain that first occurred 10 years ago but has been occurring daily for the past one year. Reflexes: (occasionally gets numbness of both hands feet in sock and gloves distribution simultaneously lasting one hour som; The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is not experiencing or presenting abnormal gait, lower extremity weakness, asymmetric reflexes, recent fracture, or radiculopathy.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	suspected herniated disc; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	This patient needs to be evaluated for the pain and radiculopathy in the lumbar, cervical and thoracic area to see if steroidal injections or surgery are appropriate.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; numbness and tingling in the lumbar area, severe pain and numbness in the cervical and thoracic area.; Patient has tried oral NSAID's, analgesics as well as home physical therapy and physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Trauma, struck in the back by a blunt object, regular plain films done; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: 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.; BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/18/2017; There has been treatment or conservative therapy.; burning aches; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	member suffered a fall; This study is being ordered for trauma or injury.; 11/09/2017; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Patient Stated that neck pain and back pain has gotten worst since last office visit; 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 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	R/O nerve impingement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Increasing chronic pain, sciatica pain, numbness, multi level spondylosis; 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 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	3

General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	9
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This patient needs to be evaluated for the pain and radiculopathy in the lumbar, cervical and thoracic area to see if steroidal injections or surgery are appropriate.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; numbness and tingling in the lumbar area, severe pain and numbness in the cervical and thoracic area.; Patient has tried oral NSAID's, analgesics as well as home physical therapy and physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Been going to Chiropractor for pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bil 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limited ROM in both extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with 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 significant improvement	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/30/2017; There has not been any treatment or conservative therapy.; NUMBNESS, WEAKNESS IN UPPER EXTREMITYS, 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication and Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; neck to back pain; Over the counter 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2017; There has been treatment or conservative therapy.; neck pain, ABD pain, joint pain; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2017; There has been treatment or conservative therapy.; pain radiates into her shoulder to neck , its tingling , it is getting worse the meds are not working the meds give her relief but not fully relief ,; meds were given to the pt , heating pad , ibuprofen not helping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11 years ago; There has been treatment or conservative therapy.; mbr pain in back and numbness in both legs pain in neck with numbness and weakness in arms R/O herniated disc; mbr has medication and pain clinic and lesi injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/29/2017; There has been treatment or conservative therapy.; lower back pain, lumbar and cervical radiculopathy; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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.; Arm, neck and cervical pain; Medications, and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/01/2017; There has been treatment or conservative therapy.; HEADACHE, NECK PAIN; NSAIDS, CT NECK DONE, CT HEAD BOTH IN 11/2017 BOTH NORMAL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/26/17; There has not been any treatment or conservative therapy.; 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

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; pain numbness and tingling in right arm; x rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; July or August of 2017; There has been treatment or conservative therapy.; pain in bilateral shoulders neck and thoracic area, off and on numbness in right hand; otc and prescription meds, at home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Some paraspinous tenderness with palpation of cervical spine and lower lumbar spine. Pain present with flexion and extension of neck and lower back. Grip strength equal to bilateral upper extremities. Equal strength with plantar and dorsiflexion of bilate; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.; Patient advised by physician, home exercises, to attempt some improvement in pain level.; Medrol dose pack, Robaxin 750 mg	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; AND weakness upper right	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; pt has pain in neck left shoulder that radiates down to elbow with numbness in fingers 2-5. pain is 6/10 most of the time and sometimes 10/10; Patient has used otc and prescription pain meds. Has tried exercises 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

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 11/2/17; There has not been any treatment or conservative therapy.; Positive for back pain (Has been on narcotics in the past from a pain clinic. Stopped cold turkey, and does not want to ever start them again.) and neck pain; Positive for ear pain, hearing loss and tinnitus.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 9/3/2017; There has been treatment or conservative therapy.; Pt has pain. Tingling sensations in the back; Pt has been takings meds and physical rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; one year prior to 11/08/2017; There has not been any treatment or conservative therapy.; Lumbar pain with radiation down bilateral lower extremity. neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Per patient approx. 3 years.; There has been treatment or conservative therapy.; Low back and neck pain with numbness and tingling of both lower extremities. Weakness in extremities on exam. Tingling in the left forearm when using upper extremities.; Gabapentin/Ibuprofen since 07/20/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Please see attachment for all clinical details.; It is not known if there has been any treatment or conservative therapy.; Please see attachment for all clinical details.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for trauma or injury.; MAY 2017; There has been treatment or conservative therapy.; numbness, tingling, and radiating pain down both legs&#x0D; severe posterior neck pain with radiating pain down bilateral arms with numbness and tingling; HEAT AND ICE, 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</p> <p>; This study is being ordered for trauma or injury.; Pt here for pain medication refill for neck and back pain he reports not doing well would like to see about increasing dosage on it, he has appt with Dr Diamond next month, he's scheduled for MRI's next month still pending to hear from pain management cli; There has been treatment or conservative therapy.; The patient is being seen for an initial evaluation of an existing diagnosis of spinal stenosis. Initial presentation was 1 month(s) ago. Presentation included neck pain, back pain, upper extremity pain, lower extremity pain and localized weakness. Past e; Past treatment has included opioid analgesics and surgical decompression.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>10/06/2017&#x0D; Onset: 2 days ago. The severity of the problem is moderate. Duration: 2 Days. The problem has not changed. The frequency of pain is constant. Location of pain is left lateral neck, left posterior neck, left shoulder and left arm. There; This is a request for 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.</p> <p>2 months for pain muscle tightness left sided stiffness of the neck motor vehicle accident in 2000 he think is causing the 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.; 12/6/17; There has been treatment or conservative therapy.; neck pain and shoulder pain radiculopathy neuropathy; Anti inflammatory steroid pack and muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>40 year old male presents with Complains of: here to establish a PCP. He reports right arm pain that started 2 months ago. He reports pain in the center or the back. Reports worse with deep breath, worse with movement. Reports pain is constant. He reports; This is a request for cervical 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 of Right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>40 year old male presents with Complains of: here to establish a PCP. He reports right arm pain that started 2 months ago. He reports pain in the center or the back. Reports worse with deep breath, worse with movement. Reports pain is constant. He reports; This is a request for cervical 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 of Right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	47-year-old female referred by Dr. Rosson for evaluation of chronic headaches and neck pain. She reports that the symptoms began December 30th 2016 when was stepping out of her van while carrying a box and her hair got caught in the vehicle door. She repo; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 47-year-old female referred by Dr. Rosson for evaluation of chronic headaches and neck pain. She reports that the symptoms began December 30th 2016 when was stepping out of her van while carrying a box and her hair got caught in the vehicle door. She repo; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	9/22/17 pain started in the neck left shoulder, right shoulder; history of trauma , joint locking; swelling; limited range of motion, progressively gotten worse. office visit on 9/28/17 left shoulder injection. 10/6/17 neck pain unchanged; numbness; order; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal x-ray of the cervical spine.; 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. abrupt onset of neck pain and severe pain radiating out left upper extremity to thumb and index finger.pain worsening in neck and lue without movement of lue.has had lumbar surgery and seen chiropractor; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal Comments Neck pain radiating to LUE. Mild to moderate pain with decreased range of motion AND weakness. Assessment Cervical radiculopathy (M54.12). Plan Orders Further diagnostic evaluations ordered today include(s) MRI NECK SPINE W/; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain, numbnesss to hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/17; There has been treatment or conservative therapy.; Muscle tension, numbness to left hand , lower back tenderness.; Medicine, and home exercise with heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain, numbness to hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2017; There has been treatment or conservative therapy.; Muscle tension, numbness to left hand , lower back tenderness.; Medicine, and home exercise with heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology chronic pain going on for a couple of years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; chronic neck pain and low back pain; Ortho and Pain Management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	continued and worsening 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.; shooting pain in neck; headaches; history broken back; nerve damage; worsening pain; numbness left arm; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Does not have full range of motion of neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18/2017; There has been treatment or conservative therapy.; Low back pain, neck pain, swelling; Medication management and chiropractic treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	due to injury; This study is being ordered for trauma or injury.; 09/30/2017; There has been treatment or conservative therapy.; pain; Pain Meds, Ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info MVA on 10-13 Airbags deployed throwing neck and back into the seat at 40 mph. frontal headaches, neck and back pain and right shoulder pain numbness in right hand and getting worse. Started on anti in; This is a request for cervical 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 having neck pain that is getting worse with radiation down the right arm with numbness in her right hand, especially worse at night. Spurlings is positive on the right plain film of c spine shows loss of the natural lordotic curve, disc height h; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate neck and lower back to determine how to treat; This study is being ordered for trauma or injury.; 10/19/2017; There has been treatment or conservative therapy.; Neck pain that radiates to the intrascapular area. Says pain is severe intermittent sharp and throbbing. Other symptoms include crepitus, headaches, and neck stiffness.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Face, arms & hands numbness & tingling a couple of time a day, drools on the right side of mouth.; This study is being ordered for a neurological disorder.; 2 months ago for the headaches unknown for the radiculopathy; There has been treatment or conservative therapy.; The pt has daily headaches.; Medicine for headache-Trimadol, tried PT but worst than 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HAVING NECK PAIN SINCE 2014, PAIN RADIATES TO SHOULDER ARM HAND, WEAKNESS TO ARMAS AND HANDS.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Shoulder pain noted. She complains of right shoulder pain. It radiates to the arm and neck. The pain initially started one month ago. There was no obvious precipitating injury. She describes it as moderate in severity, constant, dull, and aching. Re; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He also is concerned about neck pain. He has had an MRI three years ago that showed some disc disease. No significant interventions were performed at that time. He continues to have radicular symptoms radiating out to the arms and fingers bilaterally. No ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headache; dizziness; cervical neck pain with associated arm pain; pt hx of falling from chair at home while sitting still.; This study is being ordered for a neurological disorder.; 11/21/2017 is the first clinic encounter for pt with these complaints.; There has not been any treatment or conservative therapy.; Headache with dizziness. Pt states room starts spinning while sitting in chair and falls from chair. Complaints of cervical neck pain radiating down both arms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of cervical spine fusion; Z98.1 Arthrodesis status; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy; The patient has been treated with medication.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Increasing back 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.; Osteopenia found on xrays. Neck pain and back pain. Initially treated in 9/2016.; It is not known if there has been any treatment or conservative therapy.; Back and neck pain. Osteopenia found on bone density 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
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; &Enter Additional Clinical Information&	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; chronic pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; unknown	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; UNKNOWN	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; unknown	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; She states this has been going on for at least 6 months. The patient states that the neck pain is located in the cervical region, bilateral, worse on left than right, radiating down into left trapezius and left clavicular area, sharp at times, dull and ac	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It arm weakness, increasing cervical 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.; left arm weakness found 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LUMBAR CERVICAL AND THORACIC PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Msk: no tenderness of paracervical muscles, point tenderness along c-spine at C4/5/6, limited ROM of neck, limited ROM of right shoulder with limited movement along supraspinatus alignment; Impression: Cervical radiculopathy, right (ICD-723.4) (ICD10-M5); This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	mva on 07/06/2017. having pain since the accident with no relief. pain extends down both arms and numbness down left arm. develops numbness to left upper thigh as well. pain is worse to lower back and between her shoulder blades. weakness to right hand a; This study is being ordered for trauma or injury.; 07/06/2017; There has been treatment or conservative therapy.; mva on 07/06/2017. having pain since the accident with no relief. pain extends down both arms and numbness down left arm. develops numbness to left upper thigh as well. pain is worse to lower back and between her shoulder blades. weakness to right hand a; patient has tried anti inflammatories and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a neurological disorder.; 10/2/2017; There has not been any treatment or conservative therapy.; Migraine, numbness and tingling in upper extremities, nausea.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck hurts all the time. Right arm is numb and tingling. Was strangled by ex-husband years ago. thinks it could be related.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right arm numb and tingling and is dropping things; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. neck pain , low back pain down right leg; This study is being ordered for trauma or injury.; 11/24/17; There has been treatment or conservative therapy.; neck pain Low back pain , muscle spasms, tingling on left side.; Muscle relaxer, anti inflammatory, and steroid pack; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain and arm pain, significant arthritis seen on xray; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain with tingling of the arms, pain in the arms, weakness, radiating to left shoulder; limited range of motion; This is a request for cervical 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 complaint of 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain, right arm pain, arm weakness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right arm weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	new info to be faxed previous request tracking #055630297; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. None; This study is being ordered for a neurological disorder.; Approximately 11/10/17; There has not been any treatment or conservative therapy.; Numbness and Tingling in the scapular area; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/10/2017; There has been treatment or conservative therapy.; Low BP and Neck Pain and all joints.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Pain that starts in neck and radiates to left upper extremity; Medications, Adjustments; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling in right side of neck and shoulder radiating down right 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness; tingling; shoulder pain; hx trauma unspecified; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; can't pick up things and hold on to it; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. concerning neck pain, it radiates to the left shoulder, left arm, and left hand. Pt states that she initially thought the pain was coming from her shoulder. The pain is characterized as moderate in intensity, severe, and constant. Patient states that t; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; concerning neck pain, it radiates to the left shoulder, left arm, and left hand. Pt states that she initially thought the pain was coming from her shoulder. The pain is characterized as moderate in intensity, severe, and constant. Patient states that t; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ongoing headaches. Radiating neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ordered xrays.(normal for both); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/17; There has been treatment or conservative therapy.; right shoulder pain. pain moving to side of neck/head.; Anti inflammatory meds , Anti inflammatory meds , muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain and numbness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Paresthesia of skin; This is a request for 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.; hurts to lift arm, numbness	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of diffuse pain and radiculopathy. C-Spine X-ray shows L5-S1 height loss with osteophyte present. Pt does not appear to have arthritis on x-rays.; This study is being ordered for a neurological disorder.; Pt states symptoms have been wordening over the past year.; There has been treatment or conservative therapy.; Radiating pain and radiculopathy down both bilateral upper extremities as well as lower extremities. Pt does have limited range of motion in upper extremities.; Pt has been taking ibuprofen and tylenol with no pain relief or symptomatic 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has a history of neck pain. An x-ray was done was did show some compression in her cervical vertebrae. However, there was no fracture. She continues to have pain and symptoms of occasional arm numbness and tingling. Given her symptomology as well ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has failed PT. Limited ROM. Left hand radiculopathy. Unsafe driver due to not being able to turn head. Pain for more than 4 months everyday. Patient would greatly benefit from MRI to find out the cause of her 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.; Left hand radiculopathy with weakness. Pain has been going on for 4 months. Cervical x-ray revealed severe joint space loss at C6-C7. Reverse normal lordotic curve. Arthritis changes throughout.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has shoulder and neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Patient here for continued neck pain and possible heatstroke. He did get the x-rays we requested on his cervical spine. He notes the neck discomfort persists. He has been using over-the-counter anti-inflammatories for the discomfort. He notes a few days a; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is coming in with neck pain and right shoulder pain issues. Patient has his issues going on for few months now, after an altercation. Patient had x-rays of the cervical spine and right shoulder. X-ray of the neck showed arthritis, and x-ray of the; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING ARM AND SHOULDER PAIN; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks. POSSIBLE PINCHED NERVES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 YEARS AGO; There has been treatment or conservative therapy.; R/O POSSIBLE PINCHED NERVES; FUSSION, PAIN, TINGLING 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
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Previous MRI has shown midlevel canal stenosis, mild at C3-4, mild to moderate at C5-6 and Moderate at C4-5. Moderate bilateral C4-5 foraminal stenosis from degenerative findings may compress the C5 nerve roots.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in both arms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p> <p>Previous treatments have failed. Left side of neck slightly swollen. Muscle tenderness in neck. Decreased ROM.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Previously noted; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There are degenerative changes present along C6-C7 in the cervical spine. Pain radiates down the shoulder to the 3rd and 4th digits of the right hand. Grip weakness noted. Patient will continue the Gabapentin as prescribed by Orthopedics. I will start her; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p> <p>pt c/o neck pain that radiates down left extremity and caused numbness and tingling; 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.; It is not known if there is x-ray evidence of a recent cervical spine fracture.</p> <p>pt c/o sudden onset of pain in cervical spine. When rotates neck to right visual changes occur, tunnel vision, bilaterally. She also experiences tingling and numbness. her pain level is moderate; This is a request for 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.</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Pt fell from ladder on 10/09/17 with resultant pain in neck 9/10, positional increase in discomfort.; 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.</p> <p>Pt had an abnormal x-ray of the cervical spine; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Limited exam due to only one view was obtained. Minimal anterior osteophyte at C5 and C6 vertebral bodies with minimal narrowing of C5/C6 intervertebral disc space. There is straightening of normal lordotic curvature, which can be due to patient position ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Pt fell from ladder on 10/09/17 with resultant pain in neck 9/10, positional increase in discomfort.; 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.</p> <p>Pt had an abnormal x-ray of the cervical spine; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Limited exam due to only one view was obtained. Minimal anterior osteophyte at C5 and C6 vertebral bodies with minimal narrowing of C5/C6 intervertebral disc space. There is straightening of normal lordotic curvature, which can be due to patient position ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt had recent injury to old area of injury. undocumented in prev note.Chronic injury noted as well.; 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.; Well nourished, well developed in no acute distress. Mood is normal with appropriate affect. Chest is clear to auscultation without wheezes or rhonchi. Heart is regular rate and rhythm without murmurs. Spine curvature is normal without abnormalities. Some; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. pt is having numbness and tingling down L arm; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt was seen for another office visit on 11/02/17. Called back on 11/06/17 to let us know she still hasn't has any improvements.; 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 pt with neck pain + sharp pain. Patient has done weeks of P.T. Tried/ failed therapy + rad of pain down the left arm for 3 weeks. no inciting event. no fever.; This is a request for cervical 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 radicular neck pain down her left arm with numbness and tingling and weakness hand strength 2/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt. is having radiculopathy to both shoulders along with severe neck pain; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Sever pain with numbness and tingling down left arm.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient having increased neck pain not improved on anti-inflammatory. Now 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
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tenderness noted in posterior neck, bilateral upper extremity numbness.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has been seen here before for the same thing. The patient has been prescribed medication for it, but it has not helped.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient is having neck pain and radiculopathy down her right arm and into her fingers. Pt states that her arm goes to sleep.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; unknown	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; 40 YO WF PRESENTS WITH NECK PAIN, PAIN RADIATES TO HEAD CAUSING HEADACHES, SENSATIVE TO LIGHT AND NOISE, PT DOES NOT HAVE ROM DUE TO THE PAIN	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	7
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis. This is a request for cervical spine MRI; Neurological deficits; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness. This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness. This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	5
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Cervical xray with joint space narrowing, anterior osteophytes, loss of lordosis.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Jennifer S @IP bypass clinicals; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Patient saw physician on 10/09 stating, "I've had a headache since last night unable to relieve." Patient was given medication. Admitted to observation via the ER on 10/10/2017 and discharged 10/11/2017. F/U visit on 10/13. Physician refilled medication and; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Patient saw physician on 10/09 stating, "I've had a headache since last night unable to relieve." Patient was given medication. Admitted to observation via the ER on 10/10/2017 and discharged 10/11/2017. F/U visit on 10/13. Physician refilled medication and; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; See Additional Clinical Information; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; UNKNOWN; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	3
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	3
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.;	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; na	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	10
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; BONE SPURS SEEN ON X-RAY, LOSS OF DISC HEIGHT AT C5 C6 AND C6 C7	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; History of Present Illness: 1. Neck pain  Onset: 1 month ago. The frequency of pain is constant. The patient describes the pain as shooting and throbbing. CERVICAL RADICULOPATHY MEDS:11/13/2017 GABAPENTIN 300MG CAPSULES TAKE 1 CAPSULE BY MOUTH	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; NECK examination: Inspection: normal skin, soft tissue and bony appearance with normal cervical lordosis; no gross edema or evidence of acute injury;  Palpation: pain elicited over the left lateral neck and left, superior trapezius;  Neurovascular: se	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; no conservative mgt (meds or PT); no abnormal x-ray or EMG; no injections;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; pain radiates down left shoulder and arm	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient does have Bladder Cancer.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient has history of MVA wreck 25 years ago. After that he had physical therapy, saw specialists, and had MRI of neck done at Arkansas Open MRI 10 years ago and had 2 bulging discs in neck. Since then he has basically lived with neck pain that waxes and	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient with Chronic headaches and neck pain with decreased range of motion . States she has arthritis in the neck and back. No recent imaging has been done.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt has neck surgery x5yrs ago. Pt has neck pain and tenderness., impaired ROM and shoulder pain.Pain Radiates down left arm. FMG - CERVICAL SPINE X-RAY (72040) Type of Views: 3-Views Alignment/Bone Description: Loss of normal lordotic curve Anterior	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt heard a "pop" in his neck and has had severe pain in his neck since	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; radiating pain down left arm	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; rule out surgery	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; SCREENING FOR SCOLIOSIS	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	5
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; . Has had CT and MRI cervical spine 1 year ago r/t accident at work in which was moving box on the floor when slipped and hit metal shelving during a fall hitting her right neck/shoulder. Has seen Dr. Tuck in the past.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Ann comes in with concern over joint pain. Would like to see if she could get an MRI. She has multiple joint pain including knees, hips, shoulders, neck, and foot. Neck seems to be the most bothersome. When she turns her head, she feels symptoms down to h	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Patient complains of recurring neck pain with numbness and tingling of right hand and finger intermittently	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Patient was seen on 11/29/17 for neck pain that began approximately 11/20/17. Was started on prednisone and naproxen. Symptoms are worsening. Was seen in the er 12/13 due to increasing pain radiating to her right arm and right going numb. Had an abnorm	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Positive for numbness.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; patient had tender lymph node measuring 2.5 X 2cm left posterior cervical chain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; &Enter Additional Clinical Information>; It is not known if the patient have new or changing neurological signs or symptoms.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; ; No, the patient does not have new or changing neurological signs or symptoms.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Patient fell having neck pain, dizziness, xray of cervical spine shows moderate stenosis; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture. This patient is showing rapidly increasing symptoms with a lot of pain. We needs these MRI's to show what other treatments we may be able to give the patient.; This study is being ordered for a neurological disorder.; 1/1/2009; There has been treatment or conservative therapy.; Lumbar radiculopathy, including numbness and tingling. Patient also has degenerating disc in her neck that is difficult to get through everyday activities.; This patient has tried all NSAID's, home therapy, physical therapy, and muscle relaxers as well as narcotic 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unable to lift shoulder; This study is being ordered for a neurological disorder.; 10/13/2017; There has been treatment or conservative therapy.; decreased ROM to r shoulder and arm, numbness, tingling, neck pain moving down r shoulder and arm; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 21,2017; There has been treatment or conservative therapy.; Neck pain, acute bilateral thoracic pain, and low back pain.; Medication management such as Ibuprofen 800mg and Tizanidine 4mg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased grip strength bilaterally, 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
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt has weakness in arm radiating pain from neck.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 10/20/2017; There has been treatment or conservative therapy.; Pain in mid back up to neck and down arm; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 months ago; There has been treatment or conservative therapy.; Pain; HEP, medications, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/7/2016; There has been treatment or conservative therapy.; Pt has pens and needles, constant pain all day, taking medication, does stretches and exercises w/ no relief.; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is 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 1, 2016; There has been treatment or conservative therapy.; Pt has lower back and neck pain, chronic; 6 weeks of PT and medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	WORSENING CHRONIC CERVICAL AND LUMBAR PAIN WITH RADICULOPATHY TO RIGHT ARM AND LEFT LEG; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; &Enter Additional Clinical Information&	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; an abnormality seen on prior study needs a more in-depth look.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Patient is having thoracic pain secondary to a fall. He also had an abnormal xray (T7-9). Vertebral compression at T7. < 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 >;12/06/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given > Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/7/17; There has been treatment or conservative therapy.; pain, dizziness, off balance; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/24/2017; There has been treatment or conservative therapy.; CHRONIC LOW BP WITH SCIATICA radiating to the bil knees; injections , medications ,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/15; There has been treatment or conservative therapy.; radiculopathy, short breath, pain when moving side to side; 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
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/16/2017; There has not been any treatment or conservative therapy.; muscle spasm, tenderness in back, decreased ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2017; There has been treatment or conservative therapy.; pain radiates into her shoulder to neck , its tingling , it is getting worse the meds are not working the meds give her relief but not fully relief ,; meds were given to the pt , heating pad , ibuprofen not helping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2017; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/10/2015; There has been treatment or conservative therapy.; numbness in both hands, pain; HEP & 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

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Arm, neck and cervical pain; Medications, and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/10/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/5/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; July or August of 2017; There has been treatment or conservative therapy.; pain in bilateral shoulders neck and thoracic area, off and on numbness in right hand; otc and prescription meds, at home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. > This study is being ordered for trauma or injury.; over a year; There has been treatment or conservative therapy.; pain in lower back; pain Management physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 9/3/2017; There has been treatment or conservative therapy.; Pt has pain. Tingling sensations in the back; Pt has been takings meds and physical rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Patient reported on 8-24-17 of Neck and Upper back pain. She has been going through physical therapy without success and has caused more pain. She admits to involuntary bowel movements. Medication has been ineffective; There has been treatment or conservative therapy.; Bulging cervical disc, neck pain, thoracic pain, numbness and tingling of hands, involuntary bowel movements, joint pain, significant tenderness over C-5 through T-10. Patient reports pain 8/10; Patient has been through 6/12 Physical Therapy visits and will receive her 7th visit today, 10-10-17, but therapy has caused her more pain instead of decreasing it.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has had acute pain and recently diagnosed with scoliosis; There has been treatment or conservative therapy.; ; pt has tried physical therapy and has seen chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	due to injury; This study is being ordered for trauma or injury.; 09/30/2017; There has been treatment or conservative therapy.; pain; Pain Meds, 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	evaluate for ms; This study is being ordered for a neurological disorder.; 11/01/2017; There has not been any treatment or conservative therapy.; balance; vision problems r eye; look for ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Having pain in spine followed by tingling.; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Severe pain	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; none	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain chronic pain chiropractor not helped physical therapy not helped injections not helped no relief from nerve endings cauterized tenderness on palpation pain elicited by motion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LUMBAR CERVICAL AND THORACIC PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. n.a; This study is being ordered for trauma or injury.; 09/30/2016; There has been treatment or conservative therapy.; low back pain radiating to thoracic spine; medications for 1 year, muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; Approximately 11/10/17; There has not been any treatment or conservative therapy.; Numbness and Tingling in the scapular area; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/10/2017; There has been treatment or conservative therapy.; Low BP and Neck Pain and all joints.; 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Pain that starts in neck and radiates to left upper extremity; Medications, Adjustments; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Onset of pain and decreased ROM was 3 weeks ago. He has tried to treat with oral medications and rest and the symptoms are worsening.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/8/2017; There has been treatment or conservative therapy.; ; Oral pain relieving medication and rest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain is unrelieved with current medications, rest and conservative home treatments.; This study is being ordered for trauma or injury.; Initial date of pain onset - 8/24/17; There has been treatment or conservative therapy.; Severe mid and low back pain; Oral pain relievers and steroids for pain and inflammation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/04/2017; There has been treatment or conservative therapy.; 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</p> <p>Patient has pain and swelling; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has pain and swelling; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Patient is here to f/u on ankylosing spondylosis. She takes Norco, Flexeril po qd, Baclofen po q hs, and Naproxin. Patient denies of any problems. He states that she is needing her Norco and Flexeril refilled. Pt is experiencing numbness in L fingers and ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Patient is here to f/u on ankylosing spondylosis. She takes Norco, Flexeril po qd, Baclofen po q hs, and Naproxin. Patient denies of any problems. He states that she is needing her Norco and Flexeril refilled. Pt is experiencing numbness in L fingers and ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>specialist requested tests; This study is being ordered for Congenital Anomaly.; patient is scheduled for surgery. Surgeon requested studies; There has been treatment or conservative therapy.; discuss surgical options &#x0D; Low back pain noted. The location is primarily in the lower lumbar spine. The pain radiates to the perineum, left posterior thigh, and left calf. He characterizes it as constant. &#x0D; discuss kidney function test; Therapy, medication and now requires 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</p> <p>The patient does have neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.</p>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.</p>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; back pain, numbness and failed PT; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.</p>	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	2
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Radiating pain chronic bilateral pain; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Thoracic radiculopathy, BACK PAIN, muscle aches and cramps and arthralgias/joint pain and back pain (dec rom of thoracic and lumbar spine. patient has had 12 weeks of conservative therapy with me-consistent adjustments and medicine with no relief.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Chronic back pain has required injections with no improvement has failed physical therapy and NSAIDS; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient having numbness and tingling in lower extremities and sciatica pain.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient is experiencing pain and numbness radiating.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	2
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; back pain, shoulder pain, and chest and axilla pain; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; PATIENT IS HAVE SOME VERY SEVERE BACK PAIN.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; thoracic pain with radiculopathy; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	2
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The Chief Complaint is: Pt was here Tuesday, having same issue swelling and pain coming around to front, received shot, muscle relaxers didn't help, seen @ NEA ER BP was 169/96 in extreme pain w/ labored breathing.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; <Enter Additional Clinical Information>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; unknown	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	9
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic 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, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	3
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient became wheelchair bound in 2015, the cause was unexplained. She states that her legs became very weak and she has had to use a wheelchair for mobility since then. She denies ever having a thoracic MRI. Ordering to rule out suspected SCL.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This patient is experiencing pain in the back with radiculopathy that is not controlled with medications or injections and needs to be evaluated for possible surgery.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This patient needs an MRI of her t-spine; 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.; Patient has bilateral leg weakness and strength. Patient is very weak and is very ill appearing, patient went to the ER on 11/13/17 and has not improved any since that visit.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	this pt's pain has been going on from april 2017 with out relief from meds, home therapy.; This study is being ordered for trauma or injury.; according to our new charting system this patient has been having issue that start back in april of 2017; There has been treatment or conservative therapy.; sharp pain in his back on a scale of 5-7/ 10 on the pain scale; this pt was order some home therapy and nsaid as well as pain medication for pain control in april 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	thoracic back pain; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 21,2017; There has been treatment or conservative therapy.; Neck pain, acute bilateral thoracic pain, and low back pain.; Medication management such as Ibuprofen 800mg and Tizanidine 4mg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 10/20/2017; There has been treatment or conservative therapy.; Pain in mid back up to neck and down arm; 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years; There has not been any treatment or conservative therapy.; knot on the right side of lower back , back pain, numbness, tingling on left side. Cyst felt on right side on exam.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; Back pain, numbness and tingling in legs at times, difficulty lifting, difficulty standing or sitting for long periods of time; Supervised at home physical therapy, NSAIDs, muscle relaxers, decreased activity level; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/7/2016; There has been treatment or conservative therapy.; Pt has pens and needles, constant pain all day, taking medication, does stretches and exercises w/ no relief.; 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; Around 11/13/17; There has been treatment or conservative therapy.; Back pain, slipped, thought she pulled a muscle on her back, x rays, t10 compression fracture; Hydrocodone, muscle relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	we have treated this pt with pain medication, anti inflammatory and still relief from anythin that we have tried on her; 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.; upon xray we found a compression fx and some abnormal curvature in her back.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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.	4
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower Left back tenderness & on palpitation, can't lift left foot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; painful, weak, 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and pain when bending over. Leg (left) numbness 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in L leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness is found right lower leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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 not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	7
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; 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 not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; lower back exercises, x1wk	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	28

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >;12/06/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/20/2017; There has been treatment or conservative therapy.; Patient has low back pain w/right side sciatica, having headaches w/no relief and dizziness, nausea,; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/30/2017; There has not been any treatment or conservative therapy.; NUMBNESS, WEAKNESS IN UPPER EXTREMITYS, 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/7/17; There has been treatment or conservative therapy.; pain, dizziness, off balance; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/31/17; There has been treatment or conservative therapy.; buckling of knees, severe lower back pain radiating down legs; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/24/2017; There has been treatment or conservative therapy.; CHRONIC LOW BP WITH SCIATICA radiating to the bil knees; injections , medications ,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 09/28/2017; There has been treatment or conservative therapy.; Decreased mobility. Tenderness. Pain and swelling.; R/O Dvt with ultra sound, Pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	5
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; pelvic pain, back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; neck to back pain; Over the counter 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/15; There has been treatment or conservative therapy.; radiculopathy, short breath, pain when moving side to side; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/16/2017; There has not been any treatment or conservative therapy.; muscle spasm, tenderness in back, decreased ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11 years ago; There has been treatment or conservative therapy.; mbr pain in back and numbness in both legs pain in neck with numbness and weakness in arms R/O herniated disc; mbr has medication and pain clinic and lesi injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2017; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/10/2015; There has been treatment or conservative therapy.; numbness in both hands, pain; HEP & 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/29/2017; There has been treatment or conservative therapy.; lower back pain, lumbar and cervical radiculopathy; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MARCH 2017*; There has been treatment or conservative therapy.; FAX; STEM CELL INJECTION* RX* OTC* ICE/HEAT*; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/26/17; There has not been any treatment or conservative therapy.; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; chronic back pain; injections w/t no relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/1/17; There has been treatment or conservative therapy.; neck and back pain; ortho rehab for therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/5/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; over a year; There has been treatment or conservative therapy.; pain in lower back; pain Management 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; 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 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	5
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness down legs to feet activities rendered because of 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.	6
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has had back problems since 1992. She states that they have gotten worse and she is having radiation down into her legs now. Nothing seems to help.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has weakness on his left side and left leg. Patient does complain of increased pain, patient has been doing P.T. for over a year with no results.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has weakness on his left side and left leg. Patient does complain of increased pain, patient has been doing P.T. for over a year with no results.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested 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 back pain for many years that has been getting worse. says its a stabbing pain in her spine radiates downward into the buttocks. has numbness and tingling in the legs 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.</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unable to stand long numbness down legs activities hindered because of pain unable to sit long; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.</p>	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</p>	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.;</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has 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 not include exercise, prescription medication and follow-up office visits.</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has 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.</p>	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; from sept 15/2017 -today didn't help; Tramadol , hydrcondone	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Worsening symptoms; Tramadol Ibuprofen Gabapentin	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; 11/10/2017 -- Kenalog 40mg/ml sup injection	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; 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.; Exercises to strength lumbar spine.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	3
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.; Brachioradialis reflexes are 1+ right side & 2+ left side. Achilles reflexes are 2+ right side and 2+ left side. Negative straight leg lift.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness & Tingling in extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above ; 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	25
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 11/2/17; There has not been any treatment or conservative therapy.; Positive for back pain (Has been on narcotics in the past from a pain clinic. Stopped cold turkey, and does not want to ever start them again.) and neck pain; ; Positive for ear pain, hearing loss and tinnitus.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 9/3/2017; There has been treatment or conservative therapy.; Pt has pain. Tingling sensations in the back; Pt has been takings meds and physical rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; one year prior to 11/08/2017; There has not been any treatment or conservative therapy.; Lumbar pain with radiation down bilateral lower extremity. neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Please see attachment for all clinical details.; It is not known if there has been any treatment or conservative therapy.; Please see attachment for all clinical details.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has had acute pain and recently diagnosed with scoliosis; There has been treatment or conservative therapy.; ; pt has tried physical therapy and has seen 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</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for trauma or injury.; ; 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</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for trauma or injury.; ; MAY 2017; There has been treatment or conservative therapy.; ; numbness, tingling, and radiating pain down both legs&#x0D; severe posterior neck pain with radiating pain down bilateral arms with numbness and tingling; HEAT AND ICE, 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</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for trauma or injury.; Pt here for pain medication refill for neck and back pain he reports not doing well would like to see about increasing dosage on it, he has appt with Dr Diamond next month, he's scheduled for MRI's next month still pending to hear from pain management cli; There has been treatment or conservative therapy.; The patient is being seen for an initial evaluation of an existing diagnosis of spinal stenosis. Initial presentation was 1 month(s) ago. Presentation included neck pain, back pain, upper extremity pain, lower extremity pain and localized weakness. Past e; Past treatment has included opioid analgesics and surgical decompression.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>3 week flareup of pain in the left sciatic to the top of the left foot. &#x0D; Affecting back and posture. Motrin/tylenol/stretching did ok. &#x0D; Started sleeping on the floor. Has been doing piriformis stretching and sciatic stretches. &#x0D; Patient presents w; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	4 weeks conservative therapy with no improvement; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	4-weeks duration back pain, not improved with conservative therapy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	53 y.o. female with hx of low BP and HR, and feels tired all the time, all labs are normal except her Vit D, low, will supplement, and refer to cardiologist, since she has strong FHx of heard ds of the same low BP and HR. Pt is not a marathon runner, no; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal CT which showed a bulging disc; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above abnormal ROM; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; abnormal ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal x-ray; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal xray; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	acute sciatica. xray would not be sufficient, mri needed. Patient also has bilat foot neuropathy, weakness in bilat legs.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Assessment; Low back pain with radiation to right leg; Hematuria; History of kidney stones; We will get a CBC CMP a UA and a culture today we will also order an at MRI of the lower spine and a CT with stone protocol of abdomen and pelvis. It is ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is a 55 year female that is here today lower back. States pain is significant enough it is entered the ER this morning but the ER told her she needed to see PCP. Patient was just seen last week a urinary tract infection and was placed on Keflex.; There has been treatment or conservative therapy.; EXTREME LOWER BACK PAIN, STATES THAT THE PAIN RADIATES DOWN HER RIGHT LEG, SAYS THAT SHE WENT TO THE ER THIS AM WAS TOLD TO SEE PCP FOR MRI , SAYS THAT SHE WAS TOLD THEY COULD NOT DO ANYTHING FOR HER BUT GIVE HER A PAIN SHOT, SAYS THAT SHE WAS JUST SEEN I; Patient has multiple visits.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals. Thank you!; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above back pain that radiates down right leg, has pins and needles sensation, tingling, having trouble walking. putting pressure on right foot makes back worse. has tried heating pad, icy hot, Tylenol, muscle relaxers with no relief. hurts worse when sitting or; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain with sciatica.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain, numbness to hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/17; There has been treatment or conservative therapy.; Muscle tension, numbness to left hand, lower back tenderness.; Medicine, and home exercise with heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain, numbness to hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2017; There has been treatment or conservative therapy.; Muscle tension, numbness to left hand, lower back tenderness.; Medicine, and home exercise with heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain: Patient has arthritis issues in her back, and is on tramadol p.r.n. Patient needs refills on it. No issues with the medication. Pt. has back pain going down the right leg. Pt. had x ray which was neg. she went for PT for one session, but she co; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Back Pain: Care Instructions material was printed.; TraMADOL Hydrochloride methocarbamol Robaxin naproxen	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	BACK PAIN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	bilateral leg numbness and weakness - PT ordered also to see if patient can complete; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	burning in legs and feet - inside of legs, Lumbosacral radiculopathy,neuropathy; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	carotid ultrasound shows plaque less that 50%. Aoritiac plaque. having chest heavyness and dyspnea; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Chronic back pain w/ stiffness and muscle spasms. History of disc degeneration. Palpation of lumbar spine revealed abnormalities. exhibited muscle spasms and pain was elicited by 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.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain, radiating sciatica pain for 2 months; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain, x-ray shows severe scoliatic and degenerative changes with canal narrowing; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic low back pain getting worse; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic low back pain w/bilat radiculopathy. pt has tried heat, NSAIDs, rest w/no relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic lumbar back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic pain going on for a couple of years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; chronic neck pain and low back pain; Ortho and Pain Management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic pain radiating to left left; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above Constitutional: mva 1 month ago and no injury but when he got out of the truck he feel out due to steps taken out in mva and after several days developed It hip pain in area of sciatic and at end of day has pain intoo It l4 to knee and has had some cram; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CONTINUOUS BACK PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CT showed L3-L4, L4-L5, & L5-S1 disc bulges; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	degenerative changes in previous surgical fusion; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	despite years of conservative therapy patient is still experiencing pain numbness, tingling. patient has been referred to Neurosurgeon.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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.; instructions for back exercises, zanaflex, tramadol, Neurontin and Relafen.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Does not have full range of motion of neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18/2017; There has been treatment or conservative therapy.; Low back pain, neck pain, swelling; Medication management and chiropractic treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dorsalgia and other chronic pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	due to injury; This study is being ordered for trauma or injury.; 09/30/2017; There has been treatment or conservative therapy.; pain; Pain Meds, Ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dx with back pain; reason for visit: Pain. This is a chronic problem, with essentially constant pain. Patient states that she would like to have a scoliosis test done. States that not only does she have back pain but she can feel that her rib cage is un; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	evaluate for ms; This study is being ordered for a neurological disorder.; 11/01/2017; There has not been any treatment or conservative therapy.; balance; vision problems r eye; look for ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate neck and lower back to determine how to treat; This study is being ordered for trauma or injury.; 10/19/2017; There has been treatment or conservative therapy.; Neck pain that radiates to the intrascapular area. Says pain is severe intermittent sharp and throbbing. Other symptoms include crepitus, headaches, and neck stiffness.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Exophytes as well as disc desiccation noted. No fracture. pt has DM neuropathy, having difficult time with feet. pt's ability to exercise at this time is limited due to ulcers on feet and skin breakdown.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	failed conservative therapy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; doctor notes bil weakness and numbness of legs on exam.bil scaitica; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FOLLOW-UP FROM ER; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Further evaluation of new findings on exam. Determine cause of radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	given steroids, muscle relaxers, and anti inflammatory with no relief; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Has a history of a slipped disc may be worse recently; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Has back pain radiating right; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HAS DONE MEDROL DOSE PACK,FLEXERIL,MOBIC AND PREDNISONE,STARTED 09/19/2017 TO PRESENT. WAITING ON OLD RECORDS TO COME FROM ANOTHER PHYSICIAN. LOW BACK PAIN,3. musculoskeletal pain  Onset: 25 years ago. It occurs intermittently and is worsening. Locati; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above Here today for recheck. She has stopped taking all of her medications except her BP meds. BP looks good today and she reports she has been compliant with meds. States she continues to have occasional headaches, present on and off for years. No worse. Stat; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain.; The patient has none of the above history of back surgery, tried and failed PT, NSAIDS, worsening 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.; right leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	In regard to the low back pain, reason for visit: This is a follow-up visit. Her symptoms are stable since last visit. This is a chronic problem, with essentially constant pain. She states that the current episode of pain started years ago. She denies ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Increased back pain after stepping off a ladder. Straight leg raise positive on left.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Increasing back 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.; Osteopenia found on xrays. Neck pain and back pain. Initially treated in 9/2016.; It is not known if there has been any treatment or conservative therapy.; Back and neck pain. Osteopenia found on bone density 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

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	increasing symptoms with weakness and tingling in lower extremities; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Has Herniated disc at L4-L5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Knee pain/ back pain for 6yrs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Riducopathy; There has been treatment or conservative therapy.; back/right knee pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	leg weakness, tingling down to knees.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LOW BACK PAIN RADIATED DOWN LEG AND SOMETIMES UP INTO BACK.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LOW BACK PAIN RADIATED DOWN LEG AND SOMETIMES UP INTO BACK; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain radiating to lower extremities. Has been on for over one year. Starting to interfere w/ADLs. C/o of numbness and tingling in his leg and legs.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Naproxen 112 meloxicam 15mg	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain with radiculopathy and weakness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain chronic pain chiropractor not helped physical therapy not helped injections not helped no relief from nerve endings cauterized tenderness on palpation pain elicited by motion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain, chronic pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lower back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above LUMBAR BACK PAIN WITH RADICULOPATHY. BENT OVER TO PICK UP CHILD AND STRAINED LOWER BACK. PAIN GETS WORSE AS DAYS GO BY AND PAIN IS SHOOTING DOWN RIGHT LEG.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LUMBAR CERVICAL AND THORACIC PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. most recent xray from may 2016 shows slight scoliosis and arthritis.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. GATES presents with low back pain. Reason for visit: Pain. The discomfort is most prominent in the upper lumbar spine. She characterizes it as constant, moderate in intensity, and aching. The pain level between 1 and 10 is a 3. This is a chronic.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	mva on 07/06/2017. having pain since the accident with no relief. pain extends down both arms and numbness down left arm. develops numbness to left upper thigh as well. pain is worse to lower back and between her shoulder blades. weakness to right hand a; This study is being ordered for trauma or injury.; 07/06/2017; There has been treatment or conservative therapy.; mva on 07/06/2017. having pain since the accident with no relief. pain extends down both arms and numbness down left arm. develops numbness to left upper thigh as well. pain is worse to lower back and between her shoulder blades. weakness to right hand a; patient has tried anti inflammatory and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology n.a; This study is being ordered for trauma or injury.; 09/30/2016; There has been treatment or conservative therapy.; low back pain radiating to thoracic cpine; medications for 1 year, muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; October 26 2017; There has been treatment or conservative therapy.; back pain with right sided sciatica.Degenerative disc and joint disease from L3 through S1 with grade 1 anterolisthesis of L4 relative to L5 as a result.; Nsaids, steroids, physician directed exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain , low back pain down right leg; This study is being ordered for trauma or injury.; 11/24/17; There has been treatment or conservative therapy.; neck pain Low back pain , muscle spasms, tingling on left side.; Muscle relaxer, anti inflammatory, and steroid pack; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Nerve ablation to the spermatic cord; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	New onset back pain that radiates down both legs. X ray revealed Grade 1 anterolisthesis of L5 on S2. Degenerative disk disease and posterior facet arthropathy at L4-L5 and L5-S1 . MRI recommended 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 weakness.; Bilateral lower extremity weakness while standing or walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	No further information to submit; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decrease mobility; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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 not include exercise, prescription medication and follow-up office visits.; hydrocodone	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and tingling in bot legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 10/08/2017; There has been treatment or conservative therapy.; Pt has low back pain and Pain radiating to the r leg; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/10/2017; There has been treatment or conservative therapy.; Low BP and Neck Pain and all joints.; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	not amenable to NSAIDS. worsening symptoms over the past 2 months; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Not responding to conservative TX, taking gabapentin and tramadol since 10/21 and no relief, seen 11/8 and stated getting worse and spreading down to her L 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.; Sciatic and L leg pain, pain medications not helping; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness in legs and back pain; The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more than once for these symptoms. Onset of pain and decreased ROM was 3 weeks ago. He has tried to treat with oral medications and rest and the symptoms are worsening.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/8/2017; There has been treatment or conservative therapy.; ; Oral pain relieving medication and rest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Onset: 4 years ago. The problem is worsening. Location of pain is lower back and legs. Pain is radiated to the right thigh. Symptoms are aggravated by bending, extension, flexion, lifting, standing and walking. The patient denies relieving factors.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Other intervertebral disc displacement, lumbar region.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain is the low back without radiation. Inspection - Normal. Lumbar * Muscle tone lower extremity: lower extremity muscle tone is normal. Muscle tone paraspinal: paraspinous tone is normal. Tenderness: lumbosacral. Motion/stability: motion is with pa; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PAIN IN RIGHT HIP, TAKING PAIN MEDICATION, ONLY MAKES THE PAIN TOLERABLE, PAIN IS WORSE AT NIGHT. PAIN IN LOW BACK AND LEGS. HX OF OSTEOPOROSIS. IS A CANDIDATE FOR STEROID INJECTION; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain is unrelieved with current medications, rest and conservative home treatments.; This study is being ordered for trauma or injury.; Initial date of pain onset - 8/24/17; There has been treatment or conservative therapy.; Severe mid and low back pain; Oral pain relievers and steroids for pain and inflammation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain meds, muscle relaxers; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain that radiates to the left hip and thigh. Pain is not relieved by meds. She has had physical therapy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain that shoot down his back, num feeling in his left coaf, pain started in june.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain, numbness, tingling, and weakness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/04/2017; There has been treatment or conservative therapy.; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of low back pain. Reason for visit: This is a follow-up visit. Her symptoms are worse since last visit. This is a chronic problem, with essentially constant pain. She states that the current episode of pain started years ago. Patient; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had a abnormal mri which indicated stenosis in the lumbar region from a extrusion of the disc.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had a hard fall/injury at work; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Tramadol	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had MRI of lumbar spine in 2016 that showed multiple degenerative disc. Pain has worsened since then and now radiates down bilateral legs.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has weakness in bilateral legs at times.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had mri of lumbar spine oct 2012; showed right sided paracentral disk herniation at I5-sf level; showed mild disk boldging at I3 and I4 and moderate disk boldging at I4 and I5; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; radiation down to the right knee; latoraly; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had PT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having back pain issues which is going down the right leg. Patient had MRI of the lumbar spine in 2014, which showed arthritis at L4/L5 with nerve impingement. Pt. had seen Dr. Blankenship and Dr. McCarthy and Dr. Seale and Dr. Brad Thoma; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having low back pain since 5/14/2016 and radiologist recommends 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.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has completed conservative treatment with no improvement pain worsening with difficulty getting out of bed and ambulating pain radiating down right leg into right foot and heel; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; difficulty getting up out of bed to stand worse in right leg and foot pain worsened over the past 3 days physical therapy over the past 12 weeks with no improvement steroid injections with no improvement; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has continued back pain, radiates into right hip. Her last MRI was 8/29/16 and the findings will be sent via fax Patient reports her pain has worsened and has occasional numbness and tingling into right leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has ddd l-spine; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had back pain for one month. Having numbness and tingling in right leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had back pain for several years. Treated with oral steroids on 09/21/17. Patient states that steroids did not help and back pain is worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had lower back pain for several months. Has tried steroids with no relief. Also xray shows no fracture.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had ongoing back pain. He has had an abnormal lumbar spine xray. Steroids have not helped; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has pain and swelling.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has pain and swelling; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS PROGRESSIVELY WORSENING BILATERAL LEG PAIN AND WEAKNESS,STIFFNESS AND RADICULOPATHY. THE PAIN IS SHARP STABBING CONSTANT PAIN. PATIETN ALSO HAS HAD AN LUMBAR SPINE XRAY THAT SHOWED ABNORMAL STRAIGHTENING AND L4/L5 ABNORMAILITY. PATIENT HAS TR; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BILATERAL LOWER EXTREMITY WEAKNESS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has tried and failed physical therapy for lower back pain, patient still complains of severe low back pain that radiates down left leg to left knee with numbness and tingling. Patient has took prednisone along with anti- inflammatory for pain. Pe; The study requested 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 patient left leg, patient reports leg pain, numbness and tingling, also with weakness to area.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient having chronic low back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAVING INTENSE PAIN IN LOWER BACK - BROTHER PUSHED HER DOWN AND SHE WENT TO ER - GOT PAIN PILLS AND HELPED SLIGHTLY. OVER THE PAST 3 WEEKS PAIN IS NOT GETTING ANY BETTER; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient having severe pain in her lower back that comes around to her abdomen; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient having weakness in both legs, finished PT with no relief, done NSAIDS with no relief. patient in very tender across the lower back area; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is experiencing weakness in both legs, times that the patient has fallen due to the weakness. the pain radiates down both legs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient hurt his back while moving furniture last week and the pain radiates from his lower back to his hip. He was given some steroid injection, NSAIDs and muscle relaxer with no improvement.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is complaining of chronic low back pain that is unbearable.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is here to f/u on ankylosing spondylosis. She takes Norco, Flexeril po qd, Baclofen po q hs, and Naproxin. Patient denies of any problems. He states that she is needing her Norco and Flexeril refilled. Pt is experiencing numbness in L fingers and ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is in constant pain while sitting and standing needs needs further evaluation since ot meds and PT at home is not working; The study requested 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 continued pain with sitting an standing . back has been hurting for about 6 wks with no resolve; The patient does not have new signs or symptoms of 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 may need to have surgery for different injection sights. We are going off of his MRI from 2014.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has had epidural injections recently, patient was working out in the yard this weekend and has had worse weakness and increased back pain. Patient has 10/10 pain scale.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient pain is radiating down to lower extremity. Reports tingling. Left lower extremity weakness. Gait is altered. Patient has decreased ROM and has been seen by chiropractor/physical therapy without improvement. Chiropractor completed 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.; Left lower extremity 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. Patient reports a burning pain in left leg and into foot started about 2 months ago. He reports a history of back surgery but reports his back is not hurting.   Requesting MRI of back, it has been a long time since last MRI.; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient seen in clinic on 11/29/17 with back pain radiating down leg. He stated that he was pushing a car uphill the day before. He returned to clinic on 12/04/17 with no improvement. Xray showed "no fracture or acute bony abnormality.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient states history of bulging lumbar disk and has surgery twice with Dr Decastro.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient states it is going into her legs. she is having increased falls causing other injuries.; The study 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient unable to sleep at night, severe pain when walking.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 years ago.; There has been treatment or conservative therapy.; Back pain, not able to sleep at night, severe pain when walking.; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was in a mva on 09/27/2017. patient has back pain with shooting pain down left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient went to physical therapy who recommended therapy 3xs a week for four weeks. Patient has completed this along with taking prednisone, hydrocodone and Tylenol for 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 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. Patients is persistently complaining of chronic low back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient's knee pain has NOT subsided with any treatment and her numbness and tingling in her back has gotten worse due to her inability to walk correctly due to this knee injury.; This study is being ordered for trauma or injury.; 02/02/2017; There has been treatment or conservative therapy.; Pain radiating from the back into the legs as well as weakness in the legs. Patient also has pain on her left knee from a fall injury.; Patient has tried physical therapy, home therapy as well as NSAID's and narcotic 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patients last MRI was done 3/25/2016. shows multiple bulging discs. pt will need a more current MRI study prior to appt scheduling with a Neurosurgeon.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; back exercises with instructions given to the patient, along with instruction to alternate heat and ice along with massage, rest and drug therapy of Gabapentin, ibuprofen, Mobic, and Relafen.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	physical therapy and steroids along with nsaid's have not helped with patient's lower 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.; patient having weakness in bilateral lower extremities. can't walk without assistance of cane; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	positive for back pain; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and numbness in the left lower extremity; radiates to the lower left foot also; has a sensory deficit ; abnormal gait; altered sensation noted on the lateral of lower extremity ; tingling of left lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	POSSIBLE PINCHED NERVES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 YEARS AGO; There has been treatment or conservative therapy.; R/O POSSIBLE PINCHED NERVES; FUSSION, PAIN, TINGLING 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 MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	possible tears, horse fell on pt; This study is being ordered for trauma or injury.; 9/13/17; There has been treatment or conservative therapy.; numbness, swelling and pain to the leg; immobilization, 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 MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pre-op eval for Trigger point injection; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/5/2017; There has been treatment or conservative therapy.; DX Arthritis of knees, C/O M46.07, M12.30; Injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Progressively worse low back pain. Primarily in the left, mid, and lower left lumbar spine. The pain radiates to the left buttock, left anterior and posterior thigh, left calf and left foot. It is dictated as constant and severe. This is a chronic problem; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in left leg while walking, back flexion, back extension.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt c/o low back pain, radicular right low back pain, goes in to right hip. otc meds not helping, stretching exercises do not help.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has 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.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has been c/o LBP since May and is now having LLE pains. The most recent lumbar xray was negative and MRI was suggested if symptoms have persisted.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has been on diclofenac for last 3 months and does c/o pain most days with burning to right lateral thigh. continues to have pain in hands at times. Lumbar spine xray shows degenerative disc narrowing l5-s1 otherwise normal. Straight leg raising test p; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has chronic back pain with new numbness to right leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt presents for follow up on back pain, has been the White River ER for back pain complaints. Has been on diclofenac and flexeril for 3 months. Pain got better initially but is now much worse than before. Pt reports xrays and CT of back at ER were normal.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT SEEN 9/26/17 FOR CHRONIC LOW BACK PAIN. HAS HISTORY OF DDD. HAD XRAY 7/8/15 THAT SHOWED MILD SPONDYLYTIC CHANGE OF LOWER THROACIC AND UPPER LUMBAR SPINE, MILD DISC SPACE LOSS AT L1-L2. HAS TAKEN NSAIDS THAT ARE NOT HELPING.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt states his back still hurts and never got any better. Pain is worse with sitting. No pain with standing. Has been seeing chiropractor with no relief. States diclofenac has not been helping.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt was in MVA 1 year ago, he was ejected from car. has had back pain and tingling in legs since then.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT WENT TO ER DUE TO BACK PAIN AND WAS ADVISED TO GET A MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt with back pain;right leg pain and dysesthesia not responsive to po meds/rest. Xray showed some loss of lordotic curve. Radiologist suggested correlation with MRI to determine underlying disc herniation deformity.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiculopathy, low back pain, L 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.; Weakness on the L side from back to his neck; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	right knee pain and right 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Same as last box; This study is being ordered for a neurological disorder.; Patient is having low back pain with radiculopathy and also migraines with visual changes.; There has not been any treatment or conservative therapy.; Low back pain radiating into leg and migraines with visual changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	scolosis;; The study requested 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 in both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	See Attached Files; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	See other boxes of explanations.; The study requested 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 states that his legs buckle when walking at times.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe LBP with radiculopathy of LE; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe low back pain, radicular pain low right side; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe sciatica and reported muscle wasting - pt treated with PT and two steroid injections over last 5 weeks - still taking NSAIDS and Flexeril - can hardly walk for any distance - XR indicates moderate arthritic changes and oseophytes - MRI needed to ev; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	sharp pain radiating down to buttocks, PT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She can't stand long, has pain with ADLs and her children have to help her. She has increasing pain and weakness in the left leg. Lumbar spine is tender at L5, S1. DTRs +2 achilles, not elicited in the patella.; 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She has chronic pain in her low back; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	specialist requested tests; This study is being ordered for Congenital Anomaly.; patient is scheduled for surgery. Surgeon requested studies; There has been treatment or conservative therapy.; discuss surgical options  Low back pain noted. The location is primarily in the lower lumbar spine. The pain radiates to the perineum, left posterior thigh, and left calf. He characterizes it as constant.  discuss kidney function test; Therapy, medication and now requires surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tenderness on palpation of the back and muscle spasm of the back. The lumbar/lumbosacral spine exhibited tenderness on palpation, muscle spasms, did not demonstrate full range of motion, showed pain elicited by motion, and static tests were performed.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient instructed on home stretching exercises, has been taking muscle relaxers and NSAIDS for more than 6 weeks with no improvement of symptoms.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the patient has a normal xray and has went to physical therapy with no relief. the pain is getting worse; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has history of chronic low back pain, ex. bulging disc and degenerative disc disease. Patient was seen on 10/26/17 for low back pain, patient states she has been lifting heavy objects more lately. Patient was prescribed steroid pack and anti-i; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	10
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	6
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	9
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	this is the second visit since june for chronic back pain. the patient states that he has severe low back pain radiating down his right leg. the patient is having trouble sitting or standing because of the pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This patient is being ordered the MRI of the Lumbar spine due to rapidly progressing radiculopathy and the MRI of the Left Knee is being ordered due to the patient already having osteoarthritis and then having a knee injury that had made her pain worse; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This patient is experiencing pain in the back with radiculopathy that is not controlled with medications or injections and needs to be evaluated for possible surgery.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This patient is showing rapidly increasing symptoms with a lot of pain. We needs these MRI's to show what other treatments we may be able to give the patient.; This study is being ordered for a neurological disorder.; 1/1/2009; There has been treatment or conservative therapy.; Lumbar radiculopathy, including numbness and tingling. Patient also has degenerating disc in her neck that is difficult to get through everyday activities.; This patient has tried all NSAID's, home therapy, physical therapy, and muscle relaxers as well as narcotic 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	this pt has been having back for awhile now and we have xray her back and given meds but this still bothers her all the 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. this pt's pain has been going on from april 2017 with out relief from meds, home therapy.; This study is being ordered for trauma or injury.; according to our new charting system this patient has been having issue that start back in april of 2017; There has been treatment or conservative therapy.; sharp pain in his back on a scale of 5-7/ 10 on the pain scale; this pt was order some home therapy and nsaid as well as pain medication for pain control in april 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unable to undress self at bed time; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; neck pain and scoliosis has had pain management with no help; There has been treatment or conservative therapy.; mbr has pain in neck and back 100 % dysfunction of left leg and neck pain 10 in the morning and headache with vision issues lighting bolt pain in leg and foot left shower is unable to do without help; pain management and medication for pain and PT 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown.; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or 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. was instructed to use moist heat and took anti inflammatory, steroid dose pack and muscle relaxers without any improvement for 6 wks.; Medrol Dose Pack, Cyclobenzaprine 10 mg, Naproxen 500 mg	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 21,2017; There has been treatment or conservative therapy.; Neck pain, acute bilateral thoracic pain, and low back pain.; Medication management such as Ibuprofen 800mg and Tizanidine 4mg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Has been falling due to weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS IN LEGS.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 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.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs with ambulation; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	9
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years; There has not been any treatment or conservative therapy.; knot on the right side of lower back , back pain, numbness, tingling on left side. Cyst felt on right side on exam.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; Back pain, numbness and tingling in legs at times, difficulty lifting, difficulty standing or sitting for long periods of time; Supervised at home physical therapy, NSAIDs, muscle relaxers, decreased activity level; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/7/2016; There has been treatment or conservative therapy.; Pt has pens and needles, constant pain all day, taking medication, does stretches and exercises w/ no relief.; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 1, 2016; There has been treatment or conservative therapy.; Pt has lower back and neck pain, chronic; 6 weeks of PT and medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient did not give specific date of onset. Complains of pain happening for "years"; It is not known if there has been any treatment or conservative therapy.; Pain in Low back and hips with decreased ROM. History of OA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; low back pain and hip pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; Around 11/13/17; There has been treatment or conservative therapy.; Back pain, slipped, thought she pulled a muscle on her back, x rays, t10 compression fracture; Hydrocodone, 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknwon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/2016 - first encounter, most recent 3/28/2017; There has been treatment or conservative therapy.; contusion of lower leg, other non-specified injuries, calf pain, spasm, rt. knee pain, morbid obesity, pain and joint;; pain management, 11/2016 pt. had a LS CT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	uploaded documents.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Was seen in the ER on 11/13/2017 with fall Fell again on 12/1/2017, and was in the bathroom, was going in to brush his teeth and felt dizzy. Last thing he remembered was his mother standing over him wiping up blood. Patient states that his ex-wife told h; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	WORSENING CHRONIC CERVICAL AND LUMBAR PAIN WITH RADICULOPATHY TO RIGHT ARM AND LEFT LEG; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Worsening pain, made worse by PT.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X RAY NEGATIVE, CONSERVATIVE THERAPY FAILED (NSAIDS AND STRETCHING); The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/31/2017; There has been treatment or conservative therapy.; Pain in buttocks and pain in back; OTC 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	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	hx hernia repair; complaining of pain w/bulging in the same area; surgeon wants to make sure no mass in the bulge; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has lost 53lbs without trying, has not had any diet changes or exercise; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	3

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 4/5/2017; There has been treatment or conservative therapy.; pelvic pain, groin pain, hip pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: 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.; pelvic pain, back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 MRI PELVIS	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	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Chronic left hip pain .; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	chronic pain;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	CT ABDOMEN WITHOUT CONTRAST PERFORMED ON 10/19/2017 THAT SHOWED THERE IS A SOFT TISSUE NODULE ANTERIOR TO THE LEFT KIDNEY MEASURING 18 MM THAT APPEARS TO BE A NODULE ON THE LATERAL INFERIOR TIP OF THE LEFT ADRENAL GLAND. IT APPEAS TOO REMOTE TO BE AN ACCE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI PELVIS	Radiology Services Denied Not Medically Necessary	hip pain with neuropathy to left knee; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	left scrotal pain associated with specific movement. CT and ultrasound have been normal.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Patient had a fall from bicycle approx. 6 weeks ago. Pain and clicking in RT hip joint. Xrays normal. Has had 6 weeks of medication management.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	patient has had a abnormal x-ray in the past.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	patient is having low back pain going down both legs - she has had 2 spinal injections with no relief; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Patient stated his hip pain is now moving across his back and shooting down the back of the leg on the right side. Patient stated the left side is not much better.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Patient unable to sleep at night, severe pain when walking.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 years ago.; There has been treatment or conservative therapy.; Back pain, not able to sleep at night, severe pain when walking.; 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	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Pre-op eval for Trigger point injection; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/5/2017; There has been treatment or conservative therapy.; DX Arthritis of knees, C/O M46.07, M12.30; Injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pt complains of pain to the pelvic area since tubal clip removal surg 2 months ago. pt had ultrasounds 11/16/17 left ovary not visualized on pelvic US or vag probe us. radiologist recommended MRI Pelvis with and without.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pt has to physically lift her right leg to move she has numbness from her knee down; This study is being ordered for Inflammatory/ Infectious Disease.; 12/8/2016; There has been treatment or conservative therapy.; pt has increased pain, tingling in her right lower extremity, she is unable to lift her right leg; Rest, medication, steroid, 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	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pt w/chronic back pain; abd pain; muscle cramps; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	SACRAL PAIN FOR 12 YEARS.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; pt injured her neck and shoulder in 2014; There has been treatment or conservative therapy.; pain in her neck that radiates down to her hand and shoulder; pt started PT this month and this doesnt seem to be helping, she has been giving or told to take ibuprofen OTC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity. ; This study is being ordered for a neurological disorder.; September 1, 2017; There has been treatment or conservative therapy.; right arm pain with flexion, abduction and palpation. pain with active over head raise and active adduction 3 out of 5 strength on right arm as compared to left.; nsaid, muscle relaxers, steroid shot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Suspected bicep tear with possible injury to right shoulder.; This study is being ordered for trauma or injury.; 10/01/2017; There has been treatment or conservative therapy.; Patient has decrease mobility and severe pain to right arm. He has echymosis from bicep to forearm; Patient has been on anti- inflammatory and has been in sling. He has been using ice and heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	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.	4
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 9/5/2017; There has been treatment or conservative therapy.; Compression neuropathy involving the median ulna and radial nerve and neurologist suggested the MRI; HEP, anti inflammatory, steroids and seen neurologist, nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Tramadol; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< 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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication and Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2017; It is not known if there has been any treatment or conservative therapy.; Left shoulder and left hand pain. Motorcycle accident. Medication taken. Neck pain, chest pain and shortness of brain. Sequela.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/23/2017; There has been treatment or conservative therapy.; Right and Left arm pain.; Xray was performed.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2017; There has been treatment or conservative therapy.; pain; Naproxen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; 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 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; It is not known what type of medication the patient received.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; pt has pain in neck left shoulder that radiates down to elbow with numbness in fingers 2-5. pain is 6/10 most of the time and sometimes 10/10; Patient has used otc and prescription pain meds. Has tried exercises 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</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for a neurological disorder.; September 1, 2017; There has been treatment or conservative therapy.; right arm pain with flexion, abduction and palpation. pain with active over head raise and active adduction 3 out of 5 strength on right arm as compared to left.; nsaid, muscle relaxers, steroid shot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for trauma or injury.; 09/27; There has been treatment or conservative therapy.; pain; cannot raise arm; throbbing sharp pain; ankle swelling; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>2 months for pain muscle tightness left sided stiffness of the neck motor vehicle accident in 2000 he think is causing the 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.; 12/6/17; There has been treatment or conservative therapy.; neck pain and shoulder pain radiculopathy neuropathy; Anti inflammatory steroid pack and muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>Dx with shoulder pain; she complains of left shoulder pain. The location of the pain is deep. It does not radiate. The pain initially started 2 months ago. The apparent precipitating event was working out. She describes it as moderate in severity, in; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.</p>	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	fell 10/13/17 injuring wrist, went to ED, xray was normal, wrist splint placed, did not get better, came to office on 10/27/17, wrist is swollen, very tender, xrayed again and still normal. I suspect scaphoid fracture; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	none; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home exercise; duration of treatment unknown, the patient is still having pain; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	None; 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. ordered xrays.(normal for both); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/17; There has been treatment or conservative therapy.; right shoulder pain. pain moving to side of neck/head.; Anti inflammatory meds , Anti inflammatory meds , muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pain in unspecified shoulder; This study is being ordered for trauma or injury.; 11/15/2017; There has been treatment or conservative therapy.; Pain in unspecified shoulder; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pain radiating down arm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; right wrist 2 months.; 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	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pain worse with movement and abduction - radiates down arms - degenerative joint disease noted in XR 8/7/17 - pain not improved with RICE therapy and steroid injection - MRI needed for ortho referral; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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.; IBUPROPHEN; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient experiencing increased, debilitating pain in left shoulder due to rotator cuff tear. Need MRI to refer to orthopedist.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient fell and landed on shoulder 3 weeks ago, she's had an injection, anti-inflammatory meds, and decrease in range of motion.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient fell over a week ago and braced his fall with arm and heard a popping sound. He has had pain and decreased range of motion.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient has shoulder and neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has significant history of prior cervical surgery due to disc rupture. He has had discectomy. At this time he does not have any weakness in his hand or paresthesias. This could be likely bursitis. Discussed with the patient and I have explained to; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has torn rotator cuff in the past and never had surgery. She is having lots of pain now and very limited ROM.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has tried medicine and exercise, which has not helped. He still has painful ROM.; 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 is still having pain after trials of oral medicine and at home exercise. He is having painful ROM has failed other treatment.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient is taking medication, abnormal xray; 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 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient was seen in clinic on 12/07/17 complaining of right shoulder pain; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	POSSIBLE ROTATOR CUFF INJURY OR TEAR.; This study is being ordered for trauma or injury.; Additionally, he presents with history of shoulder pain. he complains of right shoulder pain. The location of the pain is inferior. It radiates to the arm. The pain initially started 5 months ago. There was no obvious precipitating injury. He descri; There has been treatment or conservative therapy.; PAIN IN BILATERAL SHOULDERS, RIGHT IS WORSE, PAIN RADIATES TO ARMS.; PT HAS HAD ANTIINFLAMATORY MEDICATIONS, STEROID DOSE PACK, 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	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	PT FELL IN AUGUST AND HAS CONTINUED PAIN OF SHOULDER.; 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. Pt has had chronic pain 3-4 years no prior imaging.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pain has gotten worse; Naproxen; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt presented at the beginning of September with c/o left shoulder pain and decreased ROM. He has since failed conservative therapy. He has worsening symptoms and now has no ability to lift his arm to full flexion or abduction, Concern for Rotator Cuff Tea; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt presented at the beginning of september with c/o left shoulder pain and decreased ROM. He has since failed conservative therapy. He has worsening symptoms and now has no ability to lift his arm to full flexion or abduction. Concern for rotator cuff tea; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Requesting a arthrogram Left Shoulder w/MRI w/contrast - results of left shoulder xray: IMPRESSION: Mild degenerative arthritis of both AC joints. There is  irregularity of the greater tuberosity on the right suggestive of  rotator cuff pathology. Bo; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	right shoulder to evaluate for a rotator cuff or tendon 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
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	right shoulder; weakness, tingling, catching/locking, popping/clicking; buckling; instability; radiation down arm; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	see previous clinical info; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	She complains of decreased and painful range of motion despite PT. She had episode of swelling and arm felt cold and turned red to LUE hours after physical therapy while at work not associated with any lifting just walking around with arm hanging at side.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Suspect a tear.; This study is being ordered for trauma or injury.; 10/31/2017; There has been treatment or conservative therapy.; Left shoulder pain with decreased ROM; Physical Therapy consult with pain and muscle spasm medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Suspected bicep tear with possible injury to right shoulder.; This study is being ordered for trauma or injury.; 10/01/2017; There has been treatment or conservative therapy.; Patient has decrease mobility and severe pain to right arm. He has echymosis from bicep to forearm; Patient has been on anti-inflammatory and has been in sling. He has been using ice and heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The patient is having left shoulder pain with radiculopathy. The patient is c/o trouble lifting her left arm.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	5
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Dr has concern about possible torn rotator cuff injury due to severity of pain and location upon exam. Unable to abduct >90 degrees laterally either actively or passively due to pain. Decreased range of motion to Rt shoulder due to pain.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pain in right shoulder and decreased ROM.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has a previous history of rotator cuff tear and new onset of pain	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has been having pain in right shoulder with Paresthesia, decreased ROM and Pain with Flexion and abduction and extension.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient presents with right shoulder pain and states that it has been hurting for past 5 months, we have no clinical records of that time frame. Patient reports that pain is waking her from sleep. Exam shows tenderness throughout right shoulder joint esp	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt has suspected shoulder impingement that may require surgical intervention. denies trauma	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; shoulder joint dislocation with decreased range of motion, tenderness and pain. Swelling up back of shoulder to left side of neck	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Symptomatic; Right shoulder: She exhibits decreased range of motion, pain and decreased strength. Arm pain: Location: Shoulder, Shoulder location: R shoulder, Pain details: Quality: Aching, Radiates to: Does not radiate, Severity: Moderate, Onset q	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; trauma, deep constant throbbing pain that is moderate for 7 days, weakness and swelling	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Left shoulder pain "like a charlie horse", not constant but lingers for a long time; rash on both sides of neck above collar bones for 2 weeks. .	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; muscular shoulder pain, located near shoulder blade	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; PT states she has had the pain for the past year off and on. PT states it has become progressively worst. PT states 2 months ago she went to the ER and had a steroid injection and steroid pack and that helped for a little while but then the symptoms came	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; right shoulder pain with numbness in rue - history of cva - Physical therapy will not work with shoulder due to pain -	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; rt shoulder pain that he has limited rom as well as well as pain He has had this off and on for months and has had increased pain over last few weeks	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; see attached	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Shoulder impingement post clavicular fracture	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; ; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	10
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; abnormal findings	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Additionally, she presents with history of shoulder pain. she complains of right shoulder pain. The location of the pain is deep. The pain initially started 4 months ago. There was no obvious precipitating injury. She describes it as moderate in seve	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder pain	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Musculoskeletal; Shoulder Right - Range of motion decreased, Movements painful, Abduction restricted, Abduction painful, Internal rotation painful and External rotation painful, No restriction in adduction, No restriction in internal rotation, No restric	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; PAIN AFTER FALLING DOWN STAIRS. DECREASED MOBILITY, DIFFICULTY SLEEPING, NOCTURNAL AWAKENING	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has experience "popping of joint in his right shoulder. Been going on for 4 months with no relief.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has frozen left shoulder with no ROM abduction and decreased ROM with flexion and extension	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has left shoulder pain that is now interfering with her daily activities, work duties and sleep.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; PATIENT IS HAVING BAD SHOULDER PAIN THAT IS PROGRESSIVELY GETTING WORSE EACH DAY.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient states she's been having some sharp pain in his left shoulder which occasionally radiates down his left arm. He states the pain comes and goes. May last as long as 5 minutes. Is not exertional	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt is unable to move her arm more then 90 degrees w/ out feeling pain	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; SHOULDER PAIN TAKING MEDS WITH NO RELIEF SHE HAS HAD WEAKNESS WITH RANGE OF MOTION DOC SUSPECTING ROTATOR CUFF TEAR , LIMITED RANGE OF MOTION DOC GAVE PT MEDS TOLD HER TO CONTINUE TAKING MEDS AND INSETS AND TO REST THE BODY PART PUT ICE ON THE BODY PART AN	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; tenderness (right anterior shoulder pain with adduction, pronation, and extension. full ROM	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PHYSICAL EXAMINATION: Examination is equivocal for rotator cuff tear. He is weak to supraspinatus testing but external rotation is pretty good. He is nontender over the acromioclavicular joint as well as the biceps tendon.  Pt has had persistent sho	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; UNKNOWN This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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 operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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 operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	4

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning. unable to lift shoulder; This study is being ordered for a neurological disorder.; 10/13/2017; There has been treatment or conservative therapy.; decreased ROM to r shoulder and arm, numbness, tingling, neck pain moving down r shoulder and arm; 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	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 9/5/2017; There has been treatment or conservative therapy.; Compression neuropathy involving the median ulna and radial nerve and neurologist suggested the MRI; HEP, anti inflammatory, steroids and seen neurologist, nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 08/21/2017; There has been treatment or conservative therapy.; Chronic pain (rated 10 out of 10), knot in shoulder and armpit.; Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	X-ray shows acromioclavicular malalignment with appearance of age indeterminate acromioclavicular separation.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an upper extremity MR Angiography.	1
General/Family Practice	Disapproval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS BEEN USING COMPREHENSIVE PAIN MANAGEMENT OPTIONS SUCH AS INJECTIONS, AND IS ONLY EXPERIENCING MINIMAL PAIN RELIEF. PATIENT HAS BEEN ON TRAMADOL, TRAZADONE, AND CELEBREX GREATER THAN SIX WEEKS, AND THE PATIENT IS NOT FINDING RELIEF FROM ORAL THE; Is this a request for one of the following? MR Angiogram Upper Extremity	1
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/18/2017; There has been treatment or conservative therapy.; burning aches; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity. "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.; Noted +1 edema b/l to ankles and radiating up to mid shin, left ankle worse than right; TTP in achilles tendons but with ROM intact; She states she just bought new running shoes and went walking in them at Craighead park for a few miles on Thursday. She ; This is a request for a bilateral ankle MRI.	5
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	3
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient had been doing home treatment for a couple months with no relief; pain medications; The patient received medication other than joint injections(s) or oral analgesics.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/31/17; There has been treatment or conservative therapy.; buckling of knees, severe lower back pain radiating down legs; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 09/28/2017; There has been treatment or conservative therapy.; Decreased mobility. Tenderness. Pain and swelling.; R/O Dvt with ultra sound, Pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; abnormal x ray, mild scoliosis, mild degenerative changes, chronic pain, stiffness, painful to bear weight; pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/09/2017; There has been treatment or conservative therapy.; foot and ankle pain; exercises , boot , pain meds 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/08/2016; There has been treatment or conservative therapy.; joint pain and muscle pain; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/28/2017; There has been treatment or conservative therapy.; throbbing sharp pain numbness tingling weakness locking popping/clicking; xray pt meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/15/17; There has been treatment or conservative therapy.; burning, throbbing, sharp pain, swelling, tingling, unstable; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 3/8/17; There has been treatment or conservative therapy.; burning, sharp, deep worsening weakness, numbness, swelling, tingling; Medication, had abi of L foot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 09/27; There has been treatment or conservative therapy.; pain; cannot raise arm; throbbing sharp pain; ankle swelling; 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Age 15- jumped off roof and injured left ankle. played soccer as child and had multiple injuries. In his 20's he did a lot of running and had multiple injuries. Basketball injury in mid 20's when he had severe sprain. Has had recent conservative treatment; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Ankle Pain!!!; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	arthralgias/joint pain (left ankle), swelling in the extremities, and difficulty walking.; This study is being ordered for trauma or injury.; 9/25/2017; It is not known if there has been any treatment or conservative therapy.; arthralgias/joint pain (left ankle), swelling in the extremities, and difficulty walking; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	back and neck has gotten better but knee pain is still present.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; member taking medications for knee pain 5/11/2017; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	continued knee pain; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Continuing pain in left knee.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Given Naproxen x 10 days, pain has not improved. Patient has rest, ice, and elevated as well.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	has rt knee pain for years and last year mri showed a torn meniscus; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	having pain in right knee for 6 weeks. Examination right knee-mild effusion or erythema, not ecchymosis present; alignment normal; palpation lateral joint line tenderness present; wounds no surgical wounds are appreciated; ROM full flexion and extension; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Knee keeps popping in/out; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Knee pain Right knee xray shows significant degenerative changes. Pt has an ACL repair in past. Knee gives out on him for no reason causing him to fall; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Ibuprofen 800mg 1 tab every 8 hrs started on 09/05/2017; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Knee pain/ back pain for 6yrs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Riducopathy; There has been treatment or conservative therapy.; back/right knee pain; & Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	LEFT KNEE PAIN, PATIENT STATES HAS GONE TO PT 4 DIFFERENT TIMES, BUT STILL HAVING LEFT KNEE PAIN, tenderness of the medial joint line; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks. Location: right knee , Duration: 2 days , Timing: constant , Intensity: 10 on a scale of 10, Quality: sharp, aching, throbbing , Symptom(s) Began: suddenly after falling at work yesterday about 4 feet and patient reports his leg buckled under him , Sympto;	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	MRIs are to be done to determine treatment path.; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; Months-years; There has been treatment or conservative therapy.; Patient has chronic/bilateral knee pain and stiffness that does not improve with 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; completed 6 weeks of home exercises with no improvement; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 10/08/2017; There has been treatment or conservative therapy.; Pt has low back pain and Pain radiating to the r leg; 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	normal knee x-ray; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pain continues to worsen even w/ medications; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2016; There has been treatment or conservative therapy.; Pt has stiffening of the joints, painful moving, constant pain in both knees that doesn't lessen w/ medication.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient complaining of right knee pain for the last 2 days, continuous pressure, worse with stairs and supine. Swelling mild at times. Locking and catching occasionally giving way sensation occasionally. Injury fell 4 months ago down steps, only hurt at t; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient complains of foot pain. Today's visit is for evaluation of the left foot. The location of the discomfort is primarily the dorsal surface. The pain does not radiate. The pain initially began 7 days ago. No precipitating event or injury is iden; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient had a normal xray.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient was given a packet of different types of stretches that will help strengthen her knee. After six weeks there was no improvement .; Meloxicam 7.5mg; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient had ACL repair 12/2009. Patient twisted knee and heard pop and now is having issue bearing weigh and the knee is giving away. Knee has moderate tenderness along lateral aspect and varus stress increases the pain.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days patient has a tender mass on left foot; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	PATIENT HAS BEEN EXPERIENCEING PAIN THAT HAS BEEN GETTING WORSE OVER THE COURSE OF A MONTH. NOTHING IS SEEMING TO HELP. HE IS LOSING RANGE OF MOTION AND AN MRI IS NEEDED TO DIAGNOSE AND TREAT; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has had recent trauma and injury to left knee and left ankle. during examination the left knee and ankle are noticeable swollen and painful when rotating patient cannot bear weight on left leg; 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 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has knee pain that has been going on for 3 weeks with no relief. No injury occurred just started hurting. Pain is rated a 9/10; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	PATIENT HAS KNEE PAIN THAT HAS LASTED 10 DAYS WITHOUT IMPROVEMENT. PATIENT WAS STANDING IN THE KITCHEN AND WHEN SHE TURNED HER KNEE POPPED AND SHE HAS HAD KNEE PAIN SINCE; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has left knee pain x 2 weeks and swelling; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has right knee pain; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient is not able to walk, patient is a previous orthopedic patient (has had knee surgery on both knees in the recent past). Patient is needing imaging to evaluate the damage done by the accident.; This study is being ordered for trauma or injury.; 11-22-17; There has been treatment or conservative therapy.; Right and left knee joint line tenderness, swelling, instability in both knee joints, patient is guarding her knees (using crutches); Rest, Pain medication, crutches. Non-weight bearing.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Patient presents with left knee pain. Pain worsening over last 3 months. Knee pops, and has limited to no mobility. Has done stretching, rest, ice, and NSAIDS for pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient to be evaluated for knee pain. The affected area is the right knee. This is a follow-up visit for knee pain. For follow up: Her symptoms are stable since last visit. The injury occurred 5 days ago. No associated symptoms are reported. Patien; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient's knee pain has NOT subsided with any treatment and her numbness and tingling in her back has gotten worse due to her inability to walk correctly due to this knee injury.; This study is being ordered for trauma or injury.; 02/02/2017; There has been treatment or conservative therapy.; Pain radiating from the back into the legs as well as weakness in the legs. Patient also has pain on her left knee from a fall injury.; Patient has tried physical therapy, home therapy as well as NSAID's and narcotic 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	POSSIBLE SOFT TISSUE MASS ABOVE KNEE; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	possible tears, horse fell on pt; This study is being ordered for trauma or injury.; 9/13/17; There has been treatment or conservative therapy.; numbness, swelling and pain to the leg; immobilization, 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pt had surgery on other knee, chronic knee problems.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt has had previous surgery; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt states she was riding with a friend when their headlight went off and due to it being dark did not see a ditch and ran right into it. Pt was not wearing a helmet. Pt states she flew from the motorcycle and fell into the ditch. Pt went to the ED on 10/2; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. recent fall, 11/28/2017; rt. knee with mild swelling; limited ROM due to the pain;	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. request was made after last OV.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation April 12, 2017- home exercise, no stairs, take medication as prescribed and follow OV in two weeks pain worsened. perceived two more weeks of medication, rest, for progressively worse, during OV BP elevated (per pt. due to pai; Mobic, Lorcet 7.5; The patient received medication other than joint injections(s) or oral analgesics. right ankle pain, swelling and tenderness over the last several months. Pain w/ weight bearing; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	right knee pain and right 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Right knee pain, aching, dull, sharp, and throbbing, gets worse with movement, walking or standing. Decreased mobility; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Right knee to evaluate for torn meniscus.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	swelling hurt to walk up the stairs; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Swelling.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago.; There has not been any treatment or conservative therapy.; Knee pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Swollen, pain and burning to the touch; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	taking anti inflammatory medication at this time, knee is wrapped with pain medication; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The patient has been prescribed anti-inflammatory medication, with no improvement.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The patient is having right ankle/achilles pain that is not alleviated by medication. Pt cannot bear weight on her right foot.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	3

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	3
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are no documented physical or plain film findings of delayed or failed healing.; There are no documented physical or plain film findings of prosthetic device dislocation.; pain & swelling of right knee; Post-operative Evaluation	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Limited range of motion	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	12
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This patient is being ordered the MRI of the Lumbar spine due to rapidly progressing radiculopathy and the MRI of the Left Knee is being ordered due to the patient already having osteoarthritis and then having a knee injury that had made her pain worse; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. to check for torn ligaments; This study is being ordered for trauma or injury.; 9/20/17; There has been treatment or conservative therapy.; swelling , limited range of motion , tenderness; medications ,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	TRYING TO RULE OSTEOMYELITIS; This study is being ordered for trauma or injury.; UNKNOWN; There has been treatment or conservative therapy.; ITCHING, BURNING, PAIN & DISCHARGE; PATIENT WAS PERSCRIBED MEDICATION & XRAYs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2017; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2017; There has been treatment or conservative therapy.; PATIENT REPORTS PAIN IN RIGHT KNEE THAT STARTED APPROX 2 1/2 MONTHS AGO. SHE HAD XRAYs THAT WERE NEGATIVE, SHE DOES HAVE A BONE ISLAND IN HER HIP. SHE REPORTS WEAKNESS IN RIGHT LOWER EXTREMITY.; PATIENT HAS BEEN TAKING IBUPROFEN 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

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknwon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/2016 - first encounter, most recent 3/28/2017; There has been treatment or conservative therapy.; contusion of lower leg, other non-specified injuries, calf pain, spasm, rt. knee pain, morbid obesity, pain and joint.; pain management, 11/2016 pt. had a LS CT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology xray is negative. still having pain.; This study is being ordered for trauma or injury.; 12/04/17; There has been treatment or conservative therapy.; patient has swelling and bruising to L foot, unable to bear weight. foot hurts to touch; nonweight bearing, using wheelchair, NSAIDs, prednisone, narcotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	XRAY NEGATIVE. INTERNAL DERANGEMENT RIGHT KNEE. Pain with anterior drawer test.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 4/5/2017; There has been treatment or conservative therapy.; pelvic pain, groin pain, hip pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; abnormal x ray, mild scoliosis, mild degenerative changes, chronic pain, stiffness, painful to bear weight; pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; chronic back pain; injections w/t no relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; Several years ago; There has been treatment or conservative therapy.; Pain; Medications, xray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 11/21/2017; There has not been any treatment or conservative therapy.; bilateral hip pain, unsteady gait, risk of falling, feet pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Swelling.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago.; There has not been any treatment or conservative therapy.; Knee pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	3
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	unknown; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient did not give specific date of onset. Complains of pain happening for "years"; It is not known if there has been any treatment or conservative therapy.; Pain in Low back and hips with decreased ROM. History of OA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; low back pain and hip pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	"I got crushed with a forklift in 2014,cut my abdominal wall in half" and "I have an appt with Dr John Cone 10-1-2017 @ UAMS" that is wanting this done before his appt.; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides 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;	7
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/01/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2016; There has been treatment or conservative therapy.; weight loss 30 LBS in a year joint and bone 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	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; 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 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/13/2017; There has not been any treatment or conservative therapy.; Low back pain, radiates to bilateral 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	3
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; painful lump; pt will use heat/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	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal and Epigastric pain and spasm. ascites and 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	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain ongoing for close to year, cramping/aching, movement exacerbates 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	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain radiating through to back; 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.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Amanda was seen a month ago for some epigastric discomfort. I felt she had a gastritis and gave her samples of Dexilant. Lab work was negative. I also fell most of her symptoms were stress related. I recommended trying something to help with her anxie; 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 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	been to ER twice , cramping, aching, nausea, fever; 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 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Bloating and pain, patient is worried it might be the liver or gallbladder, denies nausea or vomiting, RUQ pain intermittent; muscle relaxers not helping the stabbing pain; eating worsens the pain; has not had any imaging done related to abdomen.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hernia of anterior abdominal wall, pain is uncomfortable, feeling bloated, located on epigastric and becoming generalized. No nausea/vomiting. Appetite is decreased. Not related to food.; 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 HPI Comments: 35 yo female presents f/u from last visit here on 7/28/17. Today, reports LLQ pain. Describes this as being intermittent over the past 3 years after having her gallbladder removed. Denies any hernia, constipation or dysuria.  Diabetes. Cur; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had abdominal pain for more than 6 months.; 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 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT WAS INVOLVED IN AN MVA 11/24/17, WHERE HE WAS STANDING OUTSIDE OF A CAR THAT WAS STRUCK BY ANOTHER VEHICLE AND ABSORBED THE KINETIC ENERGY FROM THE IMPACT CAUSING THE PATIENT TO BE THROWN 10 FEET AWAY. HE HAS BEEN COMPLAINING OF ABDOMINAL PAIN SIN; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAS RUQ PAIN THAT IS STILL PRESENT, COMES AND GOES WITH CERTAIN FOODS, US WAS NEG, NOTHING SHE DOES SEEMS TO ALLEVIATE PAIN, HAS BELCHING,; 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 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O appendicitis, abdominal pain, rectal bleeding; 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 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O rib fracture; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2016; There has been treatment or conservative therapy.; pain in RUQ; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Right upper quadrant pain and abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Right upper quadrant pain present for a year that has been worsening. Certain foods make the pain worse and leaves her with forceful vomiting and severe diarrhea. These episodes are becoming more frequent.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for 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 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Patient with painful rectal cyst; 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	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	9
General/Family Practice	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	5
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< 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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/27/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Chiropractor and increase water intake; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	. moderate epigastric and RUQ pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is follow up trauma.; It is not known if there is laboratory or physical evidence of an intra-abdominal bleed.; It is not known if there is physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is 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 c/o unintentional weight loss, drenching night sweats, fatigue. Quit smoking a month ago after smoking since the age of 15. Needs Ct abd/pelvis and chest to r/o cancer; There has been treatment or conservative therapy.; Weight loss, night sweats, former smoker for past 41 years. Needs further eval to r/o malignancy; Patient quit smoking and returned for follow up after six weeks of close observation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	1. follow-up on loss of appetite, vomiting and diarrhea  Pt. is here for follow-up of appetite and weight loss and it is stable. No new complaints. Pt. has been compliant with medication. No side effects. She has gained 1/2 a pound. She still states; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal exam: tenderness noted in the RLQ; bowel sounds normal. Stuart A Epley is a 41 y.o. male presents with c/o rLQ abdominal pain for the past 3 weeks. Has had diarrhea 3-4 times a day. No fever.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain with diarrhea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain, fever, nausea, tenderness on exam; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal X-Rau that showed moderate elevation of the right hemi Diaphragm.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	c/o headache, intermittent chest pain for 3 weeks, c/o feeling weak for 2-3 weeks, weight loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/07/17 ter date of initial onset here - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; reports her appetite is off.; reports chest pain, dyspnea.; worsening headaches.; pt given trazadone 150 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	cant rule out hernia vs gastritis vs mass vs abscess vs other; having severe epigastric pain with a "mass" that he feels getting bigger and more painful so will get CT scan and back in to GI doc; Happens worse after he eats as well.; Exams: ABD: +BS ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC ABDOMINAL PAIN; BLOATING, VOMITING, 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	NASUEA BLOTTING PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Nausea with vomiting, unspecified; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Ongoing R flank pain and dysuria, negative urine culture; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pain in left side, hurts when he coughs or takes a deep breath, pain in left side between lower ribs and pelvic area.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PAIN IN LOWER ABDOMEN GOING DOWN INTO THE LEGS, UNRESOLVED FOR THE PAST 2 MONTHS,TTT IN LEFT AND RIGHT INGUINAL AREAS.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient complaining of cramping. is very uncomfortable.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient diagnosed with diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT patient had a hysterectomy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had an US in Washington in June. That US suggested a possible fibroid. She has menorrhagia at times and this hx of abnormal US. I will order a CT of the abdomen and pelvis.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having LLQ pain and pain while having bowel movement. She states she was diagnosed with colitis 10 years ago and has not followed up with it much.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient has hematochezia, elevated liver studies, near syncope, and tremors; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having abdominal pain and having neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having chronic abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING LLQ ABD PAIN, FEVER WITH CHILLS, AND RECTAL BLEEDING.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents for complaints of continued epigastric abdominal pain. Evaluated with EGD in 2/2017, found to have hiatal hernai and mild reflux with plans for f/u CT abd (never done). Treated himself off and on with protonix/ranitidine, moderate effec; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents for follow-up regarding Urology complaints related to epididymitis. Reports continued intermittent problems that are relieved temporarily with levofloxacin. Patient is due to see Urology for ongoing complaints however is not able to get it; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with painful rectal cyst; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient's pain is worsening, patient is needing high tech imaging so we can adequately treat patient. To improve quality of life.; This study is being ordered for trauma or injury.; 11-11-17; There has not been any treatment or conservative therapy.; Chest pain, rib pain, abdominal 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 presents with generalized abdominal pain. This is located primarily in the epigastric region. It does not radiate. It began 5 years ago. The onset of pain occurred with no apparent trigger. He characterizes it as cramping. It is of moderate intensity; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt c/o chronic abdominal pains and bloating, anemia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt is here c/o low back pain. pelvic exam could not be performed due to pt being in a wheelchair.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt presents to clinic with c/o abd pain x3 wks. Pt has a lot of rebound upon examination. Wanting to rule out appendicitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt states she feels she can't fully empty bladder; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	right lower quadrant pain for month, worsen in last week. Nausea and vomiting; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Rule diverticulitis and appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	see attached; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/02/2017; There has been treatment or conservative therapy.; fatigue and chills; B12 injections for b12 deficiency - no improvement in fatigue labs done to confirm no other cause; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Sent to a GI MDO; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Suspicious of tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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	3
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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	3
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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	18
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	5

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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	19
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	9

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	7
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal bloating and distention, some cramping. No vomiting, no diarrhea or constipation. Girth has increased, distended and epigastric tenderness (mild); Do not detect shifting dullness; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal Hernia, painful; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; constant right side abdominal pain; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has chronic stomach pain; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has unexplained abdominal pain radiating to back. This pain is deep and unrelieved; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has an ultrasound of the abdomen on 9/27/2017 -   results: Impression:  The liver appears mildly fatty. The abdomen otherwise appears  negative.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt having LUQ abdominal pain w hx of diverticulitis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pulled stomach muscle while coughing 3 to 4 weeks ago. 61 year old female presents with complains of abdominal pain LLQ worse when moving into prone or sitting position. worse with palpation. Pain scale at 8/10 with palpation. 3-4/10 when changing positio; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; upon exam of pt. pt states she has never menstruated. pt was scheduled for a abdominal ultrasound and the uterus and ovaries were not able to be visualize.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	33
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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	6
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	26
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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	3
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	37
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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	11
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	5

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed an aneurysm.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	9
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	24
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	7

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is 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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	ultrasound that showed no abnormality except fatty liver; has tenderness in the RLQ and has had a TAH-BSO in the past with questionable incidental appendectomy; will check CT Abd with and without and rx possible diverticular flare; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 unintentional weight loss leukocytosis persistent night sweats; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 09/29/2017; There has been treatment or conservative therapy.; patient is having chest congestion, cough and sore and chest discomfort; patient has had medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	very tender in the right lower quadrant area when pressure was applied, patient very nauseated due to her pain level; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	left scrotal pain associated with specific movement. CT and ultrasound have been normal.; 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	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >;	2
General/Family Practice	Disapproval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a MR Angiogram of the abdomen.	1
General/Family Practice	Disapproval	74263 CT Colonography, screening	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	2

General/Family Practice	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	WILL FAX IN; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	4
General/Family Practice	Disapproval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	Radiology Services Denied Not Medically Necessary	smoker, acute bronchitis; Limited or Follow up other than Sinus CT; Chest	1
General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	low density lesion in upper pole left kidney, incompletely characterized 8 mm low density lesion in the posterior segment of the right hepatic lobe incompletely characterized without contrast; Requestor has decided to proceed with the unlisted code.	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	PT HAS ENLARGE SWOLLEN RED BREAST FOR 3-4 WEEKS, ULTRASOUND WAS NEGATIVE; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Disapproval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	4
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	An irregular rhythm present. Tachycardia present.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Angina with family hx of heart disease, his brother died of MI at age 48. Recent stress test was sub optimal. Patient states he continues to have intermittent chest pressure and shortness of breath with heavy exertion.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration.;" The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	April 6th 2017- Chest pressure for 1 week chest xray and EKG performed lab work done Chest pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	carotid ultrasound shows plaque less than 50%. Aortic plaque. having chest heaviness and dyspnea; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. diabetes  The problem is getting worse. Risk factors include: family history diabetes mellitus, obesity, over age 45 years old and sedentary lifestyle. Patient is compliant with using medication, and follow-up. He Has been managed with diet, oral medication; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	EKG sinus brady- no ectopy. No murmur, regular rate and rhythm, S1, S2 normal; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Elevated coronary artery calcium score Anginal equivalent; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	exertional chest pain with family history of MI; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	female w/ cardiac risk factors of age & HTN, noted to have 30 days of chest wall pain, sternal pain, and severe dyspnea. Sx have improved. Please evaluate for a PE or aneurysm.  Chest Pain & Dyspnea -- given her severe SOB and CP, I have ordered a CTA ; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	having recurrent pain in the left sided chest area , radiating to neck and left arm associated with activity ,diaphoresis and SOB when symptoms present, Hypertensive disorder, Palpitations; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	He reports chest pain on exertion (tightness/dull ache in midchest w/o radiation, but assoc w SOB, diaphoresis, fatigue, and can last 20 min. Rest is helpful for relief.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. Hypertension; Shortness of Breath; Chest Pain; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Member is unable to exercise as her BMI is 42.5; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Neck still hurts, she also said she got really disoriented, shoulders are still hurting. Pt failed EKG. Needs further testing; This study is being ordered for trauma or injury.; March of 2017; There has been treatment or conservative therapy.; ; Chiropractor and 6 weeks or more of physical therapy. Failed medication 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 Palpitations; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient has an ekg that showed a right bundle branch block; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient has had severe chest pain with extreme uncontrolled hypertension.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient has had severe chest pain, it is only resolved with medication. Patient has noticed changes with amount of chest tightness with anxiety.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient having Chest pain; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	patient is also having a treadmill stress with this nuclear part; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt is having atypical chest pain. can not have regular stress test b/c he can not walk on treadmill due to meniscus tear.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt retaining fluid in leg; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt suffers with an abnormal EKG and hypertension.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Right lower lobe 3.3 mm nodule, if high risk for lung cancer, follow-up in 12 months; 2. Total calcium score is 440. CT coronary score is 440. Levels over 400 have a greater association with flow limiting coronary disease. I would like Debbie to have a; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	She has Hypertension, exertional shortness of breath, arm pain, palpitations, bad knees so that another treadmill may not be possible. She has had a treadmill stress in the remote past. Her symptoms have been increasing over that last couple months, and; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	shortness of breath with walking short distances, turning into panic attacks.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	shortness of breath, sleep apnea, family history of CAD, COPD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Symptoms include chest pain and dyspnea. The pain is located in the left anterior chest and left lateral chest. The pain radiates to the left arm. The patient describes the pain as aching and pressure-like. Onset was sudden 3 week(s) ago. The symptoms occ; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient is here for a follow up on her blood pressure medications. She has had CP and SOB along with dizziness. EKG was abnormal. patient not able to perform exercise stress test due to shortness of breath and dizziness.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old. The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.; The patient does NOT have cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); This is NOT for a preoperative evaluation of a non cardiac surgery involving general anesthesia; It is unknown if it has been greater than 5 years since cardiac testing has been performed	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	2
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	2

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	Memory loss of unknown cause; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
General/Family Practice	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	Probable old infarction adjacent to the anterior horn of the left lateral ventricle. Follow-up MRI in 4-6 months is recommended. 2. Mucous retention cyst of the right maxillary sinus.; This is a request for a Metabolic Brain PET scan; This study is not being ordered for refractory seizures, dementia, Alzheimer's disease or Tumor/Cancer.	1
General/Family Practice	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	3
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	4
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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

General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It is unknown when the last echocardiogram was performed.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; 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 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	1
General/Family Practice	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	2

General/Family Practice	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease < 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. ; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients without a 30 pack per year history of smoking or do not have a history of smoking do not meet the criteria for lung cancer screening. CT Chest low dose done on 8/16/2016 recommended 6 month follow up low dose CT Chest; 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. Followup from CT done in June 2017.; 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.	4
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary		2
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	initial low dose screening suggested follow up exam at 3 -6-9 months due to multiple small nodules throughout the lungs; 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. Patient has Hypertension, a 30 + year smoker an Metobolic Syndrome; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 54 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.	1
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
General/Family Practice	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Geriatrics	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1

Geriatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Pt has PARKINSON'S DISEASE, memory loss, tremors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Geriatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		None; 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
Geriatrics	Approval	71250 CT CHEST, THORAX		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
Geriatrics	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Geriatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Geriatrics	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		pt fell and hit head she has headaches fell 3 days ago.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury. < Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Geriatrics	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
Geriatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Geriatrics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX		Initial staging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX			1

Gynecologic Oncology	Approval	71250 CT CHEST, THORAX	This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Gynecologic Oncology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Gynecologic Oncology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		7
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed 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
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Initial staging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY		1
Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.	1
Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	1

Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.	1		
Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.	1		
Gynecologic Oncology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1		
Gynecologic Oncology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1		
Gynecologic Oncology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1		
Gynecologic Oncology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	restaging cancer 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		
Gynecologic Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1		
Gynecologic Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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	1 began 1 ye	1
Gynecologic Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1		
Gynecologic Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	restaging cancer 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		
Gynecologic Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1		

Gynecologic Oncology	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD			1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		Pt has known history of breast cancer, f/u 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	70450 CT BRAIN, HEAD		RESTAGIGN LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		RESTAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		RESTAGING CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		RESTAGING DURING ONGOING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		RESTAGING LEUKEMIA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		RESTAGING LYMPHOMA AND PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		RESTAGING LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		RESTAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	17
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	73
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	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
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	3
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Hematologist/Oncologist	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	3
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	pt has CLL and an CXR on 10/24 revealed possible pneumonia. Pt c/o fever, chills, congestion, cough, SOB; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< 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	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	history of Hodgkin's lymphoma; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Post treatment restaging; This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGIGN LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING LEUKEMIA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING LYMPHOMA AND PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	26
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	43
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	19
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Tonsillectomy of the left neck.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Enter answer here - or Type In Unknown If N Chief Complaints:  1. BENIGN NEOPLASM OF SKIN OF LIP.   HPI:  General:  NEW PATIENT/CONSULT Right upper lip lesion s/p biopsy on10/24/17 showing involvement by atypical nodular; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	10
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Hematologist/Oncologist	Approval	70544 Mr angiography head w/o dye	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	70544 Mr angiography head w/o dye	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70547 Mr angiography neck w/o dye	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache. < Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	breast cancer, r/o mets; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	DLBCL with CNS involvement; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ENTENSIVE STAGE SCLC RESTAGING AFTER OR DURING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type In Unk2. Brain Lesions MRI Brain (8/31/17) Intra-axial masses with vasogenic edema are present in the left cerebral hemisphere, most likely representing brain metastases. An MRI of the brain with contrast is recommended for fu; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type In Unknown If No Info Given  . small cell lung cancer with presentation with SVC obstruction as well as malignant pericardial effusion hemorrhagic small cell carcinoma of lung; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hist pulmonary embolism; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	initial staging for lung cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	malignant neoplasm of the brain, 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MIGRANE HEADACHES AND BREAST CANCER STAGING; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI IS NEEDED FOR INITIAL STAGING OF BREAST CANCER. BEFORE STARTING CHEMO; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has been having syncope and dizziness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has lung cancer, new onset of confusion with concern for brain metastasis; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with Small cell lung cancer having symptoms of tremurs, headaches and vertigo.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Positive for dizziness, extremity weakness, gait problem, headaches, light-headedness and numbness. Negative for seizures and speech difficulty.  Hematological: Negative for adenopathy. Bruises/bleeds easily.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Positive for fatigue, some weight loss but positive for occasional dizziness-off and on Dizziness-request MRI brain with and without contrast to rule out metastatic disease.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt under active treatment for lung cancer, checking for of diseases reposes to treatment.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT with history of MS and chronic Leukocytosis, joint pain, headache, dizziness, weakness, and leg swelling. peripheral neuropathy and headaches.; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RESTAGING LUNG CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RESTAGING METASTATIC NSCLC; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	testicular cancer and checking for METS-patient has been known to have dizziness and headaches; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	22
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	28
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	4

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	7
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient has known cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	3
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	4
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	34
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	8

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	8
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.; This is a new patient.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	to rule out cancer of the brain; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	TREATMENT RESPONSE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.;" A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	5
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< 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	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; 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
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; "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
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; 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
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	7
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	1. High grade NHL involving left kidney and regional lymph nodes with discordant histology diagnosed April 2017. Stage IIAE. CNS score = 2 = Intermediate risk TREATMENT HISTORY:  1. CT of the abdomen and pelvis April 7, 2017 at Wadley Regional Medic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.;	23
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	abdominal pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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	28
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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	22
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 CT CHEST, THORAX	Chest pain describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Continuation of care for Lymphoma.Patient here today for a 3 month follow up.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	DLBCL with CNS involvement; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	ENTENSIVE STAGE SCLC RESTAGING AFTER OR DURING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	FOLLOW UP TO LESION; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Gastrointestinal stromal tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	history of Hodgkin's lymphoma; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	IMPRESSION AND PLAN: This is a 60-year-old gentleman with a heavy smoking history, stage IV  metastatic squamous cell cancer. He is on chemoradiation with carbo/Taxol and tolerating it well. We will  deliver cycle #7 of weekly carbo/Ta; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	malignant melanoma of right upper limb, including shoulder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 CT CHEST, THORAX	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	4

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	5
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	11
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	'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	18
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	patient has carcinoid tumors of the stomach and liver Ct scan needed to evaluate recurrence of cancer and if treatment needs to be changed. patient also having chronic sinusitis that has been present for over 1 month. needs ct scan to evauate cause and de; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	patient has known lung cancer of the left lung and is experiancing new signs and syptoms. ct scan needed to re-evaluate pt for recurrence; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	patient with history of anemia presents with unexplained weight loss of over 40 lbs in the last 2-3 months. needs further evaluation to determine cause.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	pt has CLL and an CXR on 10/24 revealed possible pneumonia. Pt c/o fever, chills, congestion, cough, sob; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Pt has known history of breast cancer, f/u 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 CT CHEST, THORAX	restage breast and lung cancer after completion of treatment to evaluate if more therapy is needed.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGIGN LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING LEUKEMIA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING LYMPHOMA AND PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	restaging Pancreatic Cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	493
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	157
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Tonsillectomy of the left neck.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	ASSESS PE; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	There are 2 exams are being ordered.; One of the studies 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	13
Hematologist/Oncologist	Approval	71550 MRI CHEST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	71550 MRI CHEST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	11
Hematologist/Oncologist	Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	2
Hematologist/Oncologist	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72131 CT LUMBAR SPINE, LOW BACK	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72131 CT LUMBAR SPINE, LOW BACK	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is suspicion of lumbar spine neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis	2

Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	27
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; fatigue	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis;	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pt suffers with mass on the T Spine with a history Ewing sarcoma; Lumbar S weakness in legs with a neuro defect.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	2
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	28
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Enter answer here - or Type He is a patient who had a retroperitoneal Hodgkins disease, treated at Little Rock Hematology by Dr. Maryann Harrington. It appears he had a good response to therapy but, unfortunately, he now presents with back pain and night ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	low back pain radiating down side.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain, uncomplicated, looking for compression fractures, on long term steroid use.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs 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
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt suffers with mass on the T Spine with a history Ewing sarcoma; Lumbar S weakness in legs with a neuro defect.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	1

Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	4
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	10
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	27
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist ; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Hematologist/Oncologist	Approval	72196 MRI PELVIS	Enter answer here - or Type In Unknown IfMRI bilateral kidneys on rtc - abnormality seen on PET scan 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
Hematologist/Oncologist	Approval	72196 MRI PELVIS	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	11
Hematologist/Oncologist	Approval	72196 MRI PELVIS	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	14
Hematologist/Oncologist	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	13
Hematologist/Oncologist	Approval	73200 CT ARM OR UPPER EXTREMITY	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	13
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	11
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	2
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	1
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.	1
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for staging.	1
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3

Hematologist/Oncologist	Approval	73700 CT LEG OR LOWER EXTREMITY	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	RIGHT KNEE PAIN LOWER LEG SWELLING; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an oncologist or orthopedist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; Known Tumor	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; Known Tumor	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	2
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3

Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	2
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	DIFFUSE LARGE B CELL LYMPHOMA WITH SLIGHT ENLARGEMENT OF MESENTERIC LYMPH NODE AND ADDITIONAL LYMPH NODEIS ALSO IDENTIFIED IF EHT MESENTER. PT HAS COMPLETED 6 CYCLES OF EPOCH-R.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1

Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Enter answer here - or Type In Unknown If Patient Name: Max Davis; DOB: 04/17/1965; MRN: 927130; Provider: Jamie Burton (Hematology/Oncology); DOS: 12/08/2017; LIVER US showed- Mild splenomegaly at 13.4 cm. 2. Diffuse hepatic steatosis with a; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	EVALUATE LIVER LESIONS; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	patient has known lung cancer of the left lung and is experiencing new signs and symptoms. ct scan needed to re-evaluate pt for recurrence; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	4
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1

			THROMBOCYTOPENIA, chronic viral hepatitis c; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Tonsillectomy of the left neck.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being 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
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. High grade NHL involving left kidney and regional lymph nodes with discordant histology diagnosed April 2017. Stage IIAE. CNS score = 2 = Intermediate risk  TREATMENT HISTORY:  1. CT of the abdomen and pelvis April 7, 2017 at Wadley Regional Medic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	abdominal pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 CT ABD & PELVIS W/O CONTRAST	Continuation of care for Lymphoma. Patient here today for a 3 month follow up.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	DLBCL with CNS involvement; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ENTENSIVE STAGE SCLC RESTAGING AFTER OR DURING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Gastrointestinal stromal tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	history of Hodgkin's lymphoma; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	IMPRESSION AND PLAN: This is a 60-year-old gentleman with a heavy smoking history, stage IV  metastatic squamous cell cancer. He is on chemoradiation with carbo/Taxol and tolerating it well. We will  deliver cycle #7 of weekly carbo/Ta; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	malignant melanoma of right upper limb, including shoulder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 CT ABD & PELVIS W/O CONTRAST	patient has carcinoid tumors of the stomach and liver Ct scan needed to evaluate recurrence of cancer and if treatment needs to be changed. patient also having chronic sinusitis that has been present for over 1 month. needs ct scan to evaluate cause and de; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient with history of anemia presents with unexplained weight loss of over 40 lbs in the last 2-3 months. needs further evaluation to determine cause.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has known history of breast cancer, f/u scans; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	restage breast and lung cancer after completion of treatment to evaluate if more therapy is needed.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGIGN LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING LEUKEMIA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING LYMPHOMA AND PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	restaging Pancreatic Cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 CT ABD & PELVIS W/O CONTRAST	Scan for chemo progress; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	stage II adenocarcinoma of the transverse colon: pt needing 6months scans.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	stage IV metastatic small cell lung cancer with liver metastasis as well as brain metastasis; This is a request for an abdomen-pelvis 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
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	457
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	153

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	36
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient 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	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; indeterminate CT abd/pel done on 11/13/2016; physician is requesting follow up; Yes this is a request for a Diagnostic CT	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	7
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	10
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There are plain film or ultrasound evidence of vascular abnormality.; Enter answer here - or Type In Unknown if Nhemochromatosis, evaluate iron deposition o Info Given.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the study is for follow up or staging.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; pt is undergoing sandostatin therapy	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; ABD SPASMS	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; NEW LIVER LESIONS SEEN ON CT SCANS	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; RESTAGING	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	3
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; MRI abdomen to assess response to Sorafenib for hepatocellular carcinoma.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	4
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 1.3 CM MASS IN RIGHT LOBE OF LIVER WHICH IS SUSPICIOUS FOR HEPATOCELLULAR CARCINOMA.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 2 small hyperechoic lesions within the right lobe of the liver, indeterminate on this exam. With patient's history of breast cancer, follow-up with contrast-enhanced MR of the liver would be suggested for further evaluation.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ABNORMALITY SEEN ON CT OF LIVER. FURTHER EVAL NEEDED	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT ABD/PELVIS 09.16.17: interval enlargement of multiple soft tissue nodules scattered throughout the abdomen and pelvis. The largest of the nodules is seen in the pelvic cul-de-sac measuring up to 5.2 cm in transverse diameter; compared to 3.0 cm on t	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; FOLLOW UP TO ABNORMALITY SEEN ON CT	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; FOLLOW UP TO LIVER HEMANGIOMAS	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; LIVER METS IN BOTH LOBES OF LIVER	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; NEW LIVER LESIONS SEEN ON CT	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; July 2016 CT scan showed pancreatic hypoechoic nodules which may be nonspecific. Abd USG in June 2017 showed stable appearing nodules with Abd. Usg recommended in 6 months. Pancreatic nodule more prominent on ultrasound and Dec. 2017	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; FDG activity on liver	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; indeterminate 1.4cm ring enhancing lesion in segment VII of the liver. 2 simple cysts are present as well.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; REEVALUATION OF KIDNEY LESIONS	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Enter answer here - or Type In UnGinny has an interesting array of problems. Indisputably, she does have homozygous trait for hemochromatosis. On the other hand, her ferritins have been in the 38 to 50 range, which makes it pretty unlikely that she has	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; RUQ PAIN	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN 75557 Cardiac MRI	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; sickle cell disease, abnormal TCD	1
Hematologist/Oncologist	Approval	Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	10/9/2017 Marie Medina presents for an acute visit for lump on right breast subsequent to breast cancer; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Breast MRI consistent with fat necrosis and post surgical changes. There is one area which they found indeterminate and repeated MRI in 3 months which was stable. Repeat MRI planned in one year.; 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
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Carcinoma in situ of breast; 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
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Last MGM in 2016 no MRI since 2013-pt with history of breast cancer.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1

Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Pt w/breast cancer s/p lumpectomy/radiation-for annaul scan; 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
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; No, the patient does not have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; Yes, this patient have axillary node adenocarcinoma.; Yes, the Breast Mammogram and physical examination is otherwise normal.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; 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.	3
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	3
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Tina Wilk is a 62 year old female who has previously been followed at Highlands Oncology Group for breast cancer but has not been seen since 2011. She was originally diagnosed in October 2006 in Dallas, TX with T1c N2 M0 infiltrating ductal carcinoma. Sh; 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
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	; This is a request for an MRI Bone Marrow.	1
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	restaging after chemo; This is a request for an MRI Bone Marrow.	1

Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	11
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	INITAL 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	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Initial staging for PET and MUGA pre chemotherapy evaluation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Newly diagnosed Mantle Cell, Scan is for staging and for high dose chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	6
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.; POST TREATMENT	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.; restaging prior to Stem Cell Transplant.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.; She's on toxic chemo	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.; TOXIC CHEMO	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;	2

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.; Patient starting high dose chemotherapy.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	8
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; < Enter answer here - or Type In Unknown If No Info Given. > This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Patient has completed chemotherapy. This scan is being done prior to Stem Cell Transplant.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; RESTAGING MULTIPLE MYELOMA.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Restaging post chemotherapy, prior to Stem Cell Transplant.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; unknown	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.;	10
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will not be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; unknown	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; TOXIC CHEMO	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.;	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.;	7
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; aml	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; BASELINE FUNCTION	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Breast Cancer, right axilla node palpated. - premenopausal  - invasive ductal carcinoma, ER/PR positive, HER-2 pending - 5 cm right breast cancer - will start neoadjuvant chemotherapy with ddAC x 4,Taxol weekly x 12, surgery, followed by (+/-) radiati	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Cisplatin, cytoxin, Adriamycin regimen. Need for Muga scan to evaluate prior to chemotherapy initiation of cardiotoxic drugs.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; EVALUATION FOR CHEMOTHERAPY	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; have been consulted by Dr. Eckes to see this pt re: Breast cancer. Pt presented with a mass / cyst on the R breast for 2 years, pt was nursing during this time, thought that it was a clogged duct. Pt developed mastitis, treated with antibiotics. Pt ha	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient will start chemotherapy ASAP with the CHOP-R regimen (rituximab, cyclophosphamide, doxorubicin, vincristine and mesna). These drugs may cause cardiotoxicity and a muga scan is needed to evaluate cardiac function.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are documented clinical findings consistent with hypertension.; EXTREME SWELLING AND SOB	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are no documented clinical findings consistent with hypertension.; There are no documented clinical findings consistent with a cardiac congenital abnormality.; dyspnea on exertion, irregular heart beat, fatigue and hot flashes	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	malignant neoplasm of the brain, 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. This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colorectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on something other than a diagnostic test, imaging study or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	11
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	5
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	2
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Enter answer here - or Typ 1. Malignant neoplasm of right ovary - C56.1 (Primary)  2. Secondary malignant neoplasm of retroperitoneum and peritoneum - C78.6  3. Secondary malignant neoplasm of left ovary - C79.62  4. Secondary malignant neoplasm of; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	INITAL 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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	initial staging for lung cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Initial staging for PET and MUGA pre chemotherapy evaluation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Newly diagnosed Mantle Cell, Scan is for staging and for high dose chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	pt under active treatment for lung cancer, checking for of diseases reposes to treatment.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RETAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RESTAGING DURING ONGOING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RESTAGING LUNG CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RESTAGING METASTATIC NSCLC; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	There are 2 exams are being ordered.; One of the studies 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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	19
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Melanoma.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; 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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; It is unknown if this is for an evaluation of axillary lymph nodes.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.	7
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	12
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for 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.	7

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	7
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	8
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	14
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.	16
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	10
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	7
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	7

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	9
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	3

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient 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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient had a thyroidectomy and radioiodine ablation.; The patient does NOT have a serum thyroglobulin level greater than 10ng/mL.; The patient has Thyroid cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	8
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient 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.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient 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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	16

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	12
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	3

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The 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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.	3

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient 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.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; There is NOT existing evidence of metastasis or other tumor in the body.; There is a head and/or neck tumor that has been persistent over 3 months.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	TREATMENT RESPONSE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; 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
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1

Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Hematologist/Oncologist	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUIS I&R		Density 0.4 x 0.7 cm; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.	1
Hematologist/Oncologist	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	5
Hematologist/Oncologist	Approval	S8037 mrcp		There are 2 exams are being ordered.; One of the studies 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	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1
Hematologist/Oncologist	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient has carcinoid tumors of the stomach and liver Ct scan needed to evaluate recurrence of cancer and if treatment needs to be changed. patient also having chronic sinusitis that has been present for over 1 month. needs ct scan to evaluate cause and de; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for neck soft tissue CT.; The 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
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	cancer; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	RESTAGING SCANS THYROID CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If N Chief Complaints:  1. BENIGN NEOPLASM OF SKIN OF LIP.   HPI:  General:  NEW PATIENT/CONSULT Right upper lip lesion s/p biopsy on10/24/17 showing involvement by atypical nodular; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	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 cancer; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	RESTAGING DURING ONGOING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	RESTAGING LUNG CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	RESTAGING METASTATIC NSCLC; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	RESTAGING SCANS THYROID CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Surveillance of lung cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	14
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	6

Hematologist/Oncologist	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	MRI: SPINE/PELVIS DONE 08.17.17: IN THE CERVICAL SPINE, NO NEW COLLAPSE COMPRESSION IS SEEN. NO DOMINANT BONY FOCAL LESION IS SEEN. STABLE MULTILEVEL DEGENERATIVE CHANGES ARE SEEN WITH MILD GRADE 1 ANTEROLISTHESIS AT C4-C5 AND C5-C6 LEVELS AND MILD RETR; 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
Hematologist/Oncologist	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Shooting pain in her left breast. Rule out metastatic disease vs osteoporosis in spine. PET is to evaluate for possible recurrence.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease? ; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, patient has not completed and failed a course of conservative treatment.	1
Hematologist/Oncologist	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
Hematologist/Oncologist	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	R/O METS WITH HISTORY OF BREAST CANCER; 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
Hematologist/Oncologist	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	cancer; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RESTAGING DURING ONGOING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RESTAGING LUNG CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RESTAGING METASTATIC NSCLC; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RESTAGING SCANS THYROID CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Surveillance of lung cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	13
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	6
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This 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
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested 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
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	tumor of urinary 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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	76390 Mr spectroscopy 77058 MRI	Radiology Services Denied Not Medically Necessary	This is a request for MRS.	1
Hematologist/Oncologist	Disapproval	breast,without and/or with contrast material(s);unilateral 78472 CARDIAC OR	Radiology Services Denied Not Medically Necessary	nipple discharge; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Hematologist/Oncologist	Disapproval	HEART BLOOD POOL IMAGING	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	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	Enter answer here - or Typ 1. Malignant neoplasm of right ovary - C56.1 (Primary)  2. Secondary malignant neoplasm of retroperitoneum and peritoneum - C78.6  3. Secondary malignant neoplasm of left ovary - C79.62  4. Secondary malignant neoplasm of; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	Restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	ENTENSIVE STAGE SCLC RESTAGING AFTER OR DURING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	RESTAGING SCANS THYROID CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Shooting pain in her left breast. Rule out metastatic disease vs osteoporosis in spine. PET is to evaluate for possible recurrence.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	6

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.	6
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.	4
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	2
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	2
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.	1

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with 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.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	3
Hematologist/Oncologist	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Hematologist/Oncologist	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	Evaluate malignant neoplasm of respiratory organs; 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. Screening for malignant neoplasm of respiratory tract - screening with LDCT since active tobacco user; 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
Hematologist/Oncologist	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/17; There has been treatment or conservative therapy.; weakness, dehydration, change in level of consciousness; iv fluids d/t being in observation, 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
Hospital	Approval	70450 CT BRAIN, HEAD			1

Hospital	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Hospital	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Infectious Diseases	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	1
Infectious Diseases	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; 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
Infectious Diseases	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Pt has continued symptoms of fever, confusion, insomnia, headaches and memory loss with normal Chest CT, normal Abdominal and pelvis CT (that she paid out of pocket for since we never got insurance approval). Other symptoms patient reports are weight loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1
Infectious Diseases	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX		no other information is available at this time.; This study is being ordered for Inflammatory/ Infectious Disease.; 2010; There has been treatment or conservative therapy.; Memory loss, pain in sternoclavicular joints, and R shoulder. Fever up to 101F and polyarthritis.; Patient was diagnosed with psoriatic arthritis and Lupus erythematosus and was referred to us for joint pain that worsened with injected steroids. Patient sternoclavicular joint pain is worsening with normal chest xray and R shoulder xray. Patient has bee; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX		'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

Infectious Diseases	Approval	71250 CT CHEST, THORAX 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There is no radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Infectious Diseases	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Infectious Diseases	Approval	72192 CT PELVIS WITHOUT CONTRAST	CT is being ordered on behalf of Infectious Disease physician who would like to start treatment, but needs to see progress of abscess/cancer before beginning treatment.; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Infectious Diseases	Approval	72192 CT PELVIS WITHOUT CONTRAST	CT is being ordered on behalf of Infectious Disease physician who would like to start treatment, but needs to see progress of abscess/cancer before beginning treatment.; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Infectious Diseases	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. 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
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; 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
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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
Infectious Diseases	Approval	93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1

Infectious Diseases	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no other information is available at this time.; This study is being ordered for Inflammatory/ Infectious Disease.; 2010; There has been treatment or conservative therapy.; Memory loss, pain in sternoclavicular joints, and R shoulder. Fever up to 101F and polyarthrits.; Patient was diagnosed with psoriatic arthritis and Lupus erythematosus and was referred to us for joint pain that worsened with injected steroids. Patient sternoclavicular joint pain is worsening with normal chest xray and R shoulder xray. Patient has bee; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Infectious Diseases	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	This study is being ordered for inflammatory disease.; The ordering physician is not a surgeon or pulmonologist.; There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; This is a request for a chest MRI.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD			4
Internal Medicine	Approval	70450 CT BRAIN, HEAD		domestic dispute, punched to the right side of face, headaches; 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. Fever, chills, little weight change, L ear pain, fell and hit back of her head about a month ago; This study is being ordered for trauma or injury.; 10/15/2017; There has not been any treatment or conservative therapy.; Head--headache, facial pain Neck--neck pain and a knot behind her ear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD			1
Internal Medicine	Approval	70450 CT BRAIN, HEAD		PATIENT IS HAVING NEW ONSET OF SEIZURE ACTIVITY; NUMBNESS; DRAWING OF HANDS AND FEET;; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern. PATIENT STATES HIS HEADACHES ARE CONSTANT POUNDING HEADACHES WITH A PAIN LEVEL 8/10. PATIENT STATES HE DOES HAVE SOME BLURRED VISION WITH THE PAIN BEING ON BOTH SIDES OF HIS HEAD.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD			1
Internal Medicine	Approval	70450 CT BRAIN, HEAD		Patient was seen at clinic with mental status changes vertigo and nausea yesterday 12/13; 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. pt has hypertension and numbness. He also is a former smoker and needs a CT chest for lung cancer screening; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2
Internal Medicine	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2

Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	3
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	3
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	UNABLE TO SLEEP; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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
Internal Medicine	Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.	1
Internal Medicine	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Allergic rhinitis - failed allergra xclaritiin zyrtec zysol; has pets cows horses cow cat dog all outside; add atrovent ns.; 64 year old female presenting to the clinic today for a cough. Symptoms have been present for 1 month but have worsened over the l; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.; It has been 28 or more days since onset AND the patient failed a course of treatment	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	SEVERE SINUSITIS, CONGESTION, POSTNASAL DRIP, RHINORRHEA, SINUS PAIN, SINUS PRESSURE, HEADACHES; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1

Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 09/17/17; There has been treatment or conservative therapy.; Earache, fatigue and neck is swollen; Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Fever, chills, little weight change, L ear pain, fell and hit back of her head about a month ago; This study is being ordered for trauma or injury.; 10/15/2017; There has not been any treatment or conservative therapy.; Head--headache, facial pain Neck--neck pain and a knot behind her ear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	HE STATES HE HAS TENDER KNOTS IN HIS NECK THAT HAVE BEEN THERE A COUPLE OF YEARS THAT HAVE GROWN OVER THE LAST COUPLE OF MONTHS.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	NECK MASS; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; 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
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	patient has a mass an pain in her neck an throat; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	pt due for scans.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	19

Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the brain.	1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the Neck.	2
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	INITIAL STAGING FOR MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if 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	70544 Mr angiography head w/o dye	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	5

Internal Medicine	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has 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	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Internal Medicine	Approval	70547 Mr angiography neck w/o dye	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Neck MR Angiography.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		10
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head was between 24 hours and 1 week ago.	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This study is being ordered for a neurological disorder.; 07/25/2017; There has been treatment or conservative therapy.; Difficulty initiating sleep, Dizziness, Extremity weakness, Gait disturbance, Headache, Numbness in extremity, Paresthesia, Shaking, Tremors.; Anxiety, Depression, Difficulty concentrating, Feeling down, depressed or hopeless.; Activity limitation., Arthr; Medications: 09/21/2017 GABAPENTIN, 08/22/2017 METAXALONE, 08/22/2017 TRAMADOL HCL, 05/23/2017 CELECOXIB.; DAILY NSAID, TRAMADOL AT HOME FOR MORE SEVERE PAIN. PATIENT TO INVESTIGATE LOW IMPACT FORMS OF REGULAR EXERCISE WHICH SHOULD NOT PARTICIPATE 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</p>	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This study is being ordered for trauma or injury.; 04/10/2017; There has been treatment or conservative therapy.; 8-10 MIGRAINES A MONTH. USUALLY LASTS THE WHOLE, UNEXPECTED WEIGHT GAIN.; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Dr Sugumar reviewed the message and adv that she cannot give anything stronger given that we haven't even determined what the issue is. Pt reports that she has increasing loss of bowel and bladder, is forgetting words more/cant get the correct words out a; 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.</p>	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>emergency room follow-up. patient had acute headache, nausea - worse headache ever. patient has decreased sensation left lateral thigh. CT head showed possible lacunar infarct and an mri was recommended for further evaluation.; 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).</p>	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient is having some hemifacial spasms; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient is very weak and is experiencing 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.</p>	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient presented to the clinic with a headache that has been daily recurring for the last 3 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. pt seen cardiology and r/o anything heart related; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; abdominal pain, constipation, dizziness seizures; 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT WITH CLINICAL STAGE IIIA LF BREAST CA. PT NEEDING PET/CT SCAN AND MRI OF BRAIN FOR STAGING.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Recurrent headaches happening daily with fine tremor in bilateral hands needing evaluation of brain; This study is being ordered for a neurological disorder.; Unknown for date of onset but initial visit for tremor started 9/12/2017; There has been treatment or conservative therapy.; daily headache with fine tremor in bilateral hands; Corgard; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The symptoms are recurring. Locations affected include entire head. Denies aggravating factors. Denies relieving factors. Pertinent negatives include blurred vision, diplopia, dizziness, fever, hemianopsia left, hemianopsia right, loss of consciousness; This request 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	28
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	2

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	20
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	8
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	5
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	4
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor notes on exam that the patient has delirium or acute altered mental status.; This is NOT a Medicare member.	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	3
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	5
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	15
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	3
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	3
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	thyroidectomy in 2016 comes to establish care. She had her surgery done in Little rock and we need records. She mentions that there was some discussion about radiation treatment, but she became pregnant and didn't have any follow up after that. C/o pressu; This request 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	tremors, muscle weakness ;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Internal Medicine	Approval	71250 CT CHEST, THORAX		14
Internal Medicine	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	6

Internal Medicine	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Approval	71250 CT CHEST, THORAX	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; 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 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	< 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
Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2015; There has been treatment or conservative therapy.; check for growth of changes; surveillance; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	6
Internal Medicine	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	3 months follow-up, 1.9 cm speculated lesion; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	8
Internal Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	5
Internal Medicine	Approval	71250 CT CHEST, THORAX	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	20
Internal Medicine	Approval	71250 CT CHEST, THORAX	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	26
Internal Medicine	Approval	71250 CT CHEST, THORAX	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	Abnormal urinalyses White blood count low Fevers; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT CHEST, THORAX	Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	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
Internal Medicine	Approval	71250 CT CHEST, THORAX	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Approval	71250 CT CHEST, THORAX	Elevate4d R diaphragm, chronic sob, current everyday smoker, 1 pack per day, 20 pack years, evaluate for malignancy, chronic cough and wheezing for 6 weeks, 2 courses antibiotics, not improving; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Extensive partially calcified lymphadenopathy is present throughout the mediastinum and bilateral  hilar regions. This appears stable since the prior examination. There are two partially calcified  parenchymal nodules in the right middle lobe which ap; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	follicular lymphoma grade 2, reevaluation following chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Lung Nodule incidental greater than 8mm; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	moderate/stable/present greater than 12mos - compliant with meds. c/o pulm nodules x's 2 2 mm - stable/present 6 mos/no longer smokes.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Nodular opacity noted on chest xray of 12/12/2017. Patient is a current smoker; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	'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
Internal Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2

Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>PATIENT CURRENTLY ON SOMATULINE Q 4 WEEKS. DR. ROBERTSON WANTING TO CHECK RESPONSE TO THERAPY.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Patient has had history of right rib and chest pain for 10 days, began on 10/04/17. &#x0D; Minor improvement with steroid pack. Worse with coughing and sneezing. Patient has been smoking since the age of 20. There is a positive family history of cancer. Positi; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>Patient has Sigmoid Colon Cancer. Patient has completed 12 rounds of FOLFOX. Patient now has a rising CEA. CEA on 11/6/17 is 42.1. Doctor is wanting CT Chest, Abd/Pelvis to follow up. Last CT Scans on 11/8/2016.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>Patient has Stage 2 Colon Cancer. Patients CEA has risen from 1.4 on 1/25/17 to 2.3 on 10/2/17. Doctor is wanting CT scans due to rising CEA.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>persistent cough; pleural effusion; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>pt due for scans.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>pt has hypertension and numbness. He also is a former smoker and needs a CT chest for lung cancer screening; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>pt with stage III rectal ca. he is due for his one year surveillance ct'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</p>	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	RESTAGING SCANS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Internal Medicine	Approval	71250 CT CHEST, THORAX	Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	RESTGING SCANS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	RULE OUT METASTATIC DESEASE GIVEN HIS LACK OF RESPONSE TO NEOADJUVANT THERAPY THIS WEEK; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT CHEST, THORAX	STAGE 1A GIST OF THE ILEUM- PATIENT HAD MAYO CONSULT WHICH RECOMMENDS CT SCANS PERFORMED EVERY 3-4 MONTHS FOR THE FIRST 2 YEARS THE EVERY 6 MONTHS UNTIL 5 YEARS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT CHEST, THORAX	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	the pt quit smoking in 2010 but is concerned about lung cancer due to the length of time she was a smoker; 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.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; UNKNOWN; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	>PT C/O CHEST PAIN AND HAS A FAMILY HISTORY OF THORACIC AORTIC ANEURYSM.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Internal Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	stress echo shows aortic root enlarged to 4.4 cm  (was 3.8)with ascending aorta of 3.8 cm - follow-up was recommended; 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
Internal Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	15
Internal Medicine	Approval	71550 MRI CHEST	INITIAL STAGING FOR MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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	71550 MRI CHEST 71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	This study is being ordered for vascular disease.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; This is a request for a chest MRI.	1
Internal Medicine	Approval	CONTRAST	; This is a request for an MR Angiogram of the chest or thorax	1

Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Internal Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; 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.	5
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right side of neck going down to shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right side of neck going down to shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/23 MAYBE; 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; chronic pain; injections, chiro, physical therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/2/17; There has been treatment or conservative therapy.; chronic and persistant back and neck pain; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2015; There has been treatment or conservative therapy.; back pain neck pain numbness weakness; physical therapy. .medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	INITIAL STAGING FOR MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Initial Staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; She returns in f/u of DRESS from getting Vancomycin and ceftriaxone empirically for cervical discitis. Fever, eosinophilia and major skin eruptions have all healed since hospitalization in Feb 2017. She has been on a very slow taper of prednisone to a	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	3
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	20
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Dizziness, Osteoarthritis of cervical spine, unspecified spinal osteoarthritis complication status Dizziness, Extremity weakness, Gait disturbance, Headache, Numbness in extremity, Tremors. Anxiety, Depression.She is tender over medial lateral epicondyl; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	16
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	8
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2

Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	INITIAL STAGING FOR MULTIPLE MYELOMA DIAGNOSED 11/2017; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Initial Staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient will be needing to go to a pain management specialist for evaluation and treatment; he will need a recent MRI to assess any worsening of his 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.; Unknown - greater than 10 years ago; There has been treatment or conservative therapy.; Pain throughout the spine - particularly in the thoracic and lumbar areas.; Patient has been using pharmacotherapy for many years. Currently, he is on a high dose of Methadone to help with the pain. Historically, other medications did not help as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pre-vertebroplasty or kyphoplasty, lumbar spine; multiple myeloma, acute bilateral thoracic back pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	4
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		10
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness in buttocks area hurts when twisting; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; chronic pain; injections, chiro, physical therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/3/15; There has been treatment or conservative therapy.; low back pain, abd pain, obese; medication PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/2/17; There has been treatment or conservative therapy.; chronic and persistant back and neck pain; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.; SLR test positive left leg with pain radiating to left leg. Pain with full back extension and flexion,limited range of motion of spine, lumbar paraspinal tenderness, cross leg test positive left leg, pt had physical therapy with no relief	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2015; There has been treatment or conservative therapy.; back pain neck pain numbness weakness; physical therapy. .medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	INITIAL STAGING FOR MULTIPLE MYELOMA DIAGNOSED 11/2017; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Initial Staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain radiating symptoms, zero benefit with chiropractor; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain x 2 - 3 mos with numbness to feet.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient fell back in march in a hotel bathroom against the tub had pain after that has continued with conservative therapy and is getting worst.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2017; There has been treatment or conservative therapy.; Patient is experiencing back pain, walking, pain with weight baring on the left hip, weakness left lower extremity, radiculopathy in the left leg.; PT and IBprohen, tramadole; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has radiculitis with mild acute irritation in the right sacral and upper lumbar paraspinals and the left upper and lower lumbar paraspinals.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient has radiculitis with mild acute irritation in the right sacral and upper lumbar paraspinals and the left upper and lower lumbar paraspinals.	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient will be needing to go to a pain management specialist for evaluation and treatment; he will need a recent MRI to assess any worsening of his 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.; Unknown - greater than 10 years ago; There has been treatment or conservative therapy.; Pain throughout the spine - particularly in the thoracic and lumbar areas.; Patient has been using pharmacotherapy for many years. Currently, he is on a high dose of Methadone to help with the pain. Historically, other medications did not help 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</p> <p>Patient with history of lumbar surgery. Symptoms: loss of sensation, weakness, decreased range of motion, limp, increasing low back pain, conservative treatment not helping.; recent mri of hip shows right-sided disc protrusion L4 - L5; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient with history of lumbar surgery. Symptoms: loss of sensation, weakness, decreased range of motion, limp, increasing low back pain, conservative treatment not helping.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Pre-vertebroplasty or kyphoplasty, lumbar spine; multiple myeloma, acute bilateral thoracic back pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>See 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.; Lumbago; radiates to the left and right buttocks. pain worsens with back extension, twisting movements, and hip extension. The patient has been doing physical therapy and also taking ibuprofen which has made it worse.; She also received a steroid injectio; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>see attached office notes and reason for exam provided on previous screen; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; rt lower extremity power 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.</p>	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.</p>	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	3
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	66
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	2
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	18
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	3
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	45
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lower extremity, weakness, and radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	Due to the bony abnormality and his pain, I have recommended that a CT of the bony pelvis be carried out, and we will review the results. We will consider further physical therapy, and again asked him to use his anti-inflammatory agents on a regular basis; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	Duration of Symptoms: Start: 12/28/2015   Physical Exam Findings: 2 years of perineal pain, recently worse, no palpable mass, but tender to palpation patient reports worsening pain  Preliminary Procedures Ultrasound  Already Completed:  ; 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
Internal Medicine	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks; There has been treatment or conservative therapy.; abdominal pain, pelvic mass, Vascular abnormality; 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	72196 MRI PELVIS	INITIAL STAGING FOR MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72196 MRI PELVIS	patient has pain and heavy bleeding; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Internal Medicine	Approval	72196 MRI PELVIS	Patient has previous history of left breast cancer coming in for initial staging for multiple myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Internal Medicine	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Internal Medicine	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
Internal Medicine	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	3

Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Patient has previous history of left breast cancer coming in for initial staging for multiple myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY		2
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; acute shoulder pain and injury	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt has pain in his right shoulder all the time	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; right shoulder pain steroid injections anti inflammatories for 7 weeks w no improvement xray doesn't show any fx	1

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	19
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist. ; The patient is experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; a week long history of left shoulder pain after a day of heavy lifting and moving. Has gotten worse. Is taking tylenol and ibuprofen. Can't raise or use without a lot of pain. Started in her posterior shoulder and now over all her shoulder.   limited RO	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain films were not normal.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	2
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	2

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	2
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is 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
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 6mo; There has been treatment or conservative therapy.; cramp, pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/2017; There has been treatment or conservative therapy.; pain and swelling; Injections etc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	limited range of motion; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient had a plane film xray of the right knee which showed joint effusion and degenerative changes. An MRI is requested to further evaluate and to determine the best course of treatment for this gentleman.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient began having right knee pain in March of 2017. He started oral steroids and over the counter anti-inflammatory medication as well as increasing his physical activity as tolerated. He was reevaluated in May of 2017 and October 2017. He has indic; The patient received oral analgesics.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	3

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	will just fax notes; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Patient fell back in march in a hotel bathroom against the tub had pain after that has continued with conservative therapy and is getting worst.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2017; There has been treatment or conservative therapy.; Patient is experiencing back pain, walking, pain with weight baring on the left hip, weakness left lower extremity, radiculopathy in the left leg.; PT and IBprohen, tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	2

Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	2
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	2
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for 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.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	7 mm complex renal cyst on CT 9/26/16 needs 1 year followup. also hx of renal stones; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Moderate to severe hepatic steatosis versus parenchymal disease. 2. Indeterminate hypoechoic left hepatic lobe nodule. Recommend pre and postcontrast CT scan of the abdomen for further characterization. 3. Likely cyst in the mid to superior pole of the; 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 CT ABDOMEN WITHOUT CONTRAST	palpable mass, left upper quadrant abdominal pain; 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 CT ABDOMEN WITHOUT CONTRAST	Patient has lost 6 lbs since 9/22 she has developed diffuse abdominal pain - appetite poor, unable to eat solid foods.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Possible gastritis or gall bladder disease, and exposure to hepatitis C. Intermittent right side and upper quadrant pain for over two weeks.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	second liver function test, on 7/20/17 elevated, abnormal liver functions 4/20/17 as well, steadily elevating; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	6
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Internal Medicine	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 6mo; There has been treatment or conservative therapy.; cramp, pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the abdomen.	3
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		13
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/3/15; There has been treatment or conservative therapy.; low back pain, abd pain, obese; medication PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	. Patient's abdominal pain is getting worse. She states it is occurring on bilateral sides of her abdomen. She states that her abdomen will bloat. She will have nausea.. She will have vomiting. She is alternating constipation and diarrhea. She states that; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	6
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abnormal urinalyses White blood count low Fevers; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abnormal weight loss (20 lbs in two months) - unable to eat due to severe pain - new mass noted from visit 1.5 months ago - pt has history of lymphadenopathy; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	follicular lymphoma grade 2, reevaluation following chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Generalized abdominal pain, Severe abd pain, Severe abd pain post colonoscopy to rule out colonic perforation, Date: 12/01/2017 7:44 AM; Sindi De La Torre; Communication: PT woke up with a lot of pain today due to the pro; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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 CT ABD & PELVIS W/O CONTRAST	IDIOPATHIC ACUTE PANCREATITIS, PAIN OF UPPER ABDOMEN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 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 CT ABD & PELVIS W/O CONTRAST	inguinal hernia (2cm); This is a request for an abdomen-pelvis CT combination.; This study is being 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	Approval	74176 CT ABD & PELVIS W/O CONTRAST	no; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PATIENT CURRENTLY ON SOMATULINE Q 4 WEEKS. DR. ROBERTSON WANTING TO CHECK RESPONSE TO THERAPY.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT ABD & PELVIS W/O CONTRAST	Patient has Sigmoid Colon Cancer. Patient has completed 12 rounds of FOLFOX. Patient now has a rising CEA. CEA on 11/6/17 is 42.1. Doctor is wanting CT Chest, Abd/Pelvis to follow up. Last CT Scans on 11/8/2016.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT ABD & PELVIS W/O CONTRAST	Patient has Stage 2 Colon Cancer. Patients CEA has risen from 1.4 on 1/25/17 to 2.3 on 10/2/17. Doctor is wanting CT scans due to rising CEA.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT ABD & PELVIS W/O CONTRAST	pt due for scans.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt seen cardiology and r/o anything heart related; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; abdominal pain, constipation, dizziness seizures; 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	74176 CT ABD & PELVIS W/O CONTRAST	Pt with abnormal liver ultrasound.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt with stage III rectal ca. he is due for his one year surveillance ct'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
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	R10.32 LLQ abdominal pain, worsening, constipation, nausea, fever, tenderness on exam, abd pain-LLQ, r/o stones, r/o abcess,THE PROBLEM IS SEVERE AND HAS WORSENE. THE SYMPTOMS ARE RECURRING. LEFT LOWER QUADRANT. THE QUALITY OF THE PAIN IS DULL. ASSOCIAT; This is a request for an abdomen-pelvis CT 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 CT ABD & PELVIS W/O CONTRAST	RENAL CYST OF LEFT KIDNEY; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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 CT ABD & PELVIS W/O CONTRAST	RESTAGGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCANS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTGING SCANS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RULE OUT METASTATIC DISEASE GIVEN HIS LACK OF RESPONSE TO NEOADJUVANT THERAPY THIS WEEK; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT ABD & PELVIS W/O CONTRAST	SEVERE PAIN PAST COLONOSCOPY 11/30/2017 R/O: COLONOC PERFORATION NORMAL EXAM TODAY RIGHT LOWER QUADRANT ABDOMINAL PAIN,DIARRHEA; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 CT ABD & PELVIS W/O CONTRAST	STAGE 1A GIST OF THE ILEUM- PATIENT HAD MAYO CONSULT WHICH RECOMMENDS CT SCANS PERFORMED EVERY 3-4 MONTHS FOR THE FIRST 2 YEARS THE EVERY 6 MONTHS UNTIL 5 YEARS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT ABD & PELVIS W/O CONTRAST	The Pt has hematuria, 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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	5
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	6
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	5
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	9
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Abscess.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	11
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; previous ct in April 2017 enlarged lymph nodes in mesenteric pelvic area radiology wanted to follow up for stability; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A 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	7
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	4

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; 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	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being 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
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	15
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Urine showed moderate amount of blood. Pain in supra pubic area with increased frequency of urination. Pain and burning on urination. Left sided CVA pain. Off and on 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	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	will fax clinical if need; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks; There has been treatment or conservative therapy.; abdominal pain, pelvic mass, Vascular abnormality; 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	74181 MRI ABDOMEN	There is a 13-mm area of decreased density in a subcapsular location in the left lobe of the liver, likely representing a hemangioma. Consider followup CT of the abdomen or followup MR of the liver to confirm the expected diagnosis as other hepatic lesi; 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. This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon.;" PATIENT HAD CT THAT SHOWS A NODULE AND CYST, RADIOLOGIST RECOMMENDED A MRI	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon.;" < Enter answer here - or Type In Unknown If No Info Given. >	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Patient has a history of sarcoidosis, and had a ct scan of the abd and it showed her to have and enlarges spleen.	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; unknown	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"	4
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Enter answer here - or Type In Unknown If NPatient came in concerning generalized abdominal pain. This is located primarily in the right upper quadrant, right lower quadrant, and epigastric region. There is some radiation to the periumbilical region. She	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" PATIENT HAD CT DONE, RADIOLOGIST RECOMMENDED A MRI TO CHARACTERIZE THE LIVER MASS.	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" pt has a gallbladder mass.	1

Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Patient had a recent chest CTA to r/o pulmonary embolism which revealed a pancreatic lesion.	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; HER PET/CT SCAND ON 12/18/17 SHOWED THE KNOWN LT BREAST CA AND LT AXILLARY LYMPHADENOPATHY BUT ALSO AN INDETERMINATE RT ADARNAL NODULE. MRI OF ABD RECOMMENDED BY RADIOLOGIST.	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; PER ABD U/S ON 10/13/17- BILATERAL ECHOGENIC KIDNEYS CONSISTENT WITH CHRONIC RENAL DISEASE. AT LEAST 4 INDETERMINATE HYPODENSE LESIONS IN THE LEFT KIDNEY. THE LARGEST MEASURES UP TO 6.4 CM. RIGHT UPPER POLE RENAL CYST AND PROBABLE ATE MIDPOLE , ALTHOUGH T	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Mild diffuse fatty infiltration of the liver. 2. A 2.1 cm very vague rounded enhancing lesion in the lateral segment, left lobe of liver and 1.6 cm similar appearing lesion identified in the posterior segment, right lobe of liver (segment 7). These le	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient had Abdominal US done and needs follow up MRI for hepatic steatosis	1
Internal Medicine	Approval	74181 MRI ABDOMEN 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; pt had an abnormal Abdominal US	1
Internal Medicine	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a MR Angiogram of the abdomen.	1
Internal Medicine	Approval	75571 Coronary Artery Calcium Score, EBCT	This is a request for a heart or cardiac MRI Patients blood work shows moderate to high risk for plaque in arteries; This is a request for a CT scan for evalutation of coronary calcification.	1
Internal Medicine	Approval	75572 CT Heart		1

Internal Medicine	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterruptible cardiac imaging .; Patient had an abnormal echo with EF 25-30% and wall motion abnormalities: mid to distal anteroseptal, inferior, inferolateral wall are akinetic, apical wall is dyskinetic. Compensatory hyperkinesis of the basal walls.; No, this patient does not have equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Internal Medicine	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		1
Internal Medicine	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries. This study is being ordered for a known or suspected tumor.; "The ordering physician is an oncologist, ophthalmologist, otolaryngologist (ENT specialist), or maxillo-facial surgeon."; This is a request for a limited Sinus CT	8
Internal Medicine	Approval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	2
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	4
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		2

Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1
Internal Medicine	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	INITIAL STAGING FOR MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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	77084 Magnetic resonance imaging, bone marrow blood supply	RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	RESTAGING/ABNORMAL LABS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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	77084 Magnetic resonance imaging, bone marrow blood supply	RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p> <p>Mrs Buerer is 44yo G3P3 s/p TAH/BSO lady (not working) with significant history of HTN, HLD, fibromyalgia and artificial menopause, followed by Jarrod Jerry DPN, referred for evaluation of chest discomfort and hypertension. She reports progressive symptom; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p>	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</p> <p>Patient was unable to complete stress echo due to severe anxiety.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</p> <p>Patient was unable to complete stress echo.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</p> <p>Patient was unable to complete stress echo.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>pt had TIA, LVH.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</p> <p>pt has borderline concentric left ventricle hypertrophy; Analysis of mitral valve inflow; Borederline left Atrial enlargement; Trace of mitral valve regurgitation; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</p> <p>Smoker for 30 years; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</p> <p>The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p>	5

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older. The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	7

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This 59 year old male presents for FATIGUE.  History of Present Illness: 1. FATIGUE  He has increasing fatigue and DOE. He is not having any chest pain. He is compliant with his BIPAP. He falls asleep frequently during the day.   abnormal ec; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older.	1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Staging prior to starting chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; TOXIC CHEMO POSSIBLY CHANGE CHEMO	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned;	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY		2
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	PT WITH CLINICAL STAGE IIIA LF BREAST CA. PT NEEDING PET/CT SCAN AND MRI OF BRAIN FOR STAGING.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1

Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Staging prior to starting chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	2
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; The patient did NOT have a thyroidectomy and radioiodine ablation.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.	1

Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	4
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1

Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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 an enlarged heart; The patient's enlarged heart is not due to any of the listed indications	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	2
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	6
Internal Medicine	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	3
Internal Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	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	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	13
Internal Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	4

Internal Medicine	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
Internal Medicine	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	c/o chronic headaches - daily /severe/ present greater than 6 mos -; 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 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	c/o rolled car /mva this am - no loc - severe neck pain - some lt rib pain.; This study is being ordered for trauma or injury.; 09-18-17; There has not been any treatment or conservative therapy.; c/o rolled car /mva this am - no loc - severe neck pain - some lt rib 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	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	mental status change; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; There is another reason why an MRI is not being considered; patient is having mental status change	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	moderate to severe headache increasing in intensity and frequency over last month - more constant and nearly daily - right frontal area; 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 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING MEMORY LOSS WITH COGNITIVE IMPAIRMENT; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PRESSURE IN HIS HEAD; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt having recurrent sinus infection. Headache with blurred vision; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The symptoms are recurring. Locations affected include entire head. Denies aggravating factors. Denies relieving factors. Pertinent negatives include blurred vision, diplopia, dizziness, fever, hemianopsia left, hemianopsia right, loss of consciousness; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	6

Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	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.	8
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	5
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	4
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 09/17/17; There has been treatment or conservative therapy.; Earache, fatigue and neck is swollen; Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	9/7/17 pt seen by a different clinic physician in the same office.fever, chills, fatigue, nasal discharge, TM bulging and middle ear fluid. Nose: sinus tenderness and nasal discharge--purulent. Oropharynx: erythema.Was treated with antibiotics and steroi; 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

Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been seen by a dentist. Patient was seen on 09/13/2017 for acute sinusitis, and has failed to improve. Patient was prescribed z-pack by the dentist. I prescribed Levaquin and patient was given Rocephin IM in office on 09/13/2017. None of the; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.; It has been 28 or more days since onset AND the patient failed a course of treatment	1
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt having recurrent sinus infection. Headache with blurred vision; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT looking for GCA; This study is being ordered for Inflammatory/ Infectious Disease.; left temporal edema  left retinal erosion jaw claudication  patient presented to the clinic on 10/25/2017 for same symptoms. At that time, patient was treated with antibiotics for cellulitis. Today he is back at clinic, and the problem is not better; There has been treatment or conservative therapy.; swelling left temple worse when he chews; patient was prescribed antibiotics on 10/25/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1
Internal Medicine	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1

Internal Medicine	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	looking for GCA; This study is being ordered for Inflammatory/ Infectious Disease.; left temporal edema  left retinal erosion jaw claudication  patient presented to the clinic on 10/25/2017 for same symptoms. At that time, patient was treated with antibiotics for cellulitis. Today he is back at clinic, and the problem is not better; There has been treatment or conservative therapy.; swelling left temple worse when he chews; patient was prescribed antibiotics on 10/25/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/15/17; There has been treatment or conservative therapy.; visual loss, 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	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Initial staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	PATIENT HAS CHRONIC PAIN IN HER NECK AND SHOULDERS WITH THE PAIN TRAVELING DOWN THE BACK. PATIENT REPORTS THAT THE PAIN HAS GOTTEN PROGRESSIVELY WORSE IN THE LAST 3 MONTHS PREVENTING HER FROM PERFORMING HER DAILY ACTIVITIES; This study is being ordered for a neurological disorder.; 3 MONTHS; There has been treatment or conservative therapy.; SHARP BURNING PAIN AND INFLAMMATION IN THE SHOULDERS AND NECK, THROUGH OUT THE DAY ON A DAILY BASIS.; CHIROPRACTOR TREATMENT, 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
Internal Medicine	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	This is a new problem. Episode onset: for at least the past month. The problem occurs constantly. The problem has been gradually worsening. The pain is present in the occipital region and midline (posterior neck). The quality of the pain is described as a; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Internal Medicine	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2017; There has been treatment or conservative therapy.; headaches; 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
Internal Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	PATIENT IS UNABLE TO WORK OR DRIVE DUE TO CURRENT SYMPTOMS, INCLUDING MEMORY LOSS, VISUAL DISTURBANCE, AND EXTREME ANXIETY AND DEPRESSION DUE TO CURRENT MEDICAL CONDITION; This study is being ordered for a neurological disorder.; HAS BEEN GOING ON FOR 3 MONTHS, ABOUT JUNE 15; There has been treatment or conservative therapy.; MEMORY LOSS, FEELING IN FOG, VISUAL DISTURBANCE, COGNITIVE IMPAIRMENT; ANTIBIOTICS, WAS SENT TO ENT TO RULE OUT SINUS DISEASE. WAS PUT OFF WORK FOR REST.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Recurrent headaches happening daily with fine tremor in bilateral hands needing evaluation of brain; This study is being ordered for a neurological disorder.; Unknown for date of onset but initial visit for tremor started 9/12/2017; There has been treatment or conservative therapy.; daily headache with fine tremor in bilateral hands; Corgard; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2017; There has been treatment or conservative therapy.; headaches; 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
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/15/17; There has been treatment or conservative therapy.; visual loss, 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	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	c/o chronic headaches - daily /severe/ present greater than 6 mos -; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	dizziness  She does state that she is having a lot of urge incontinence; 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. etiology of memory loss,unknown. Prior diagnostic testing included and neuropsychiatric testing.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	medications, left sided facial numbness and tingling.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago. Not eating ,anxiety ,acting differently; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS UNABLE TO WORK OR DRIVE DUE TO CURRENT SYMPTOMS, INCLUDING MEMORY LOSS, VISUAL DISTURBANCE, AND EXTREME ANXIETY AND DEPRESSION DUE TO CURRENT MEDICAL CONDITION; This study is being ordered for a neurological disorder.; HAS BEEN GOING ON FOR 3 MONTHS, ABOUT JUNE 15; There has been treatment or conservative therapy.; MEMORY LOSS, FEELING IN FOG, VISUAL DISTURBANCE, COGNITIVE IMPAIRMENT; ANTIBIOTICS, WAS SENT TO ENT TO RULE OUT SINUS DISEASE. WAS PUT OFF WORK FOR REST.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Internal Medicine	Disapproval	70554 Functional MRI Brain	Radiology Services Denied Not Medically Necessary	<Additional Clinical Information>; Yes, this is a Functional MRI Brain. "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; It is not known if there is radiologic evidence of mediastinal widening.; PT C/O CHEST PAIN AND HAS A FAMILY HISTORY OF THORACIC AORTIC ANEURYSM.; 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
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/17; There has not been any treatment or conservative therapy.; Family hx of disease, Abdominal pain, and hepatomag; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	6
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	chest xray of 11/30/2017: infiltrate compatible with pneumonia - patient treated with antibiotics new xray 12/15/2017: persistant lingular density - radiologist recommended ct scan; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	chronic cough with failed 6 week anitbiotic treatment; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; 'None of the above' are 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
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	patient had an abnormal xray in office on 10/27/17; "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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	patient has a mass an pain in her neck an throat; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>Patient was treated for acute bronchitis with rocephin and prescribed levaquin on 10/30/17. Chest x-ray and sinus x-ray normal. Patient is current smoker with a 30 year pack history, with a persistant and chronic cough.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</p>	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>Physical exam:&#x0D; Abdomen: Soft with no organomegaly, masses or tenderness. Bowel sounds present throughout. She has fairly demarcated tenderness to palpation of the skin in the dermatome area of approximately T8 or T9 on the left. No visible rash no po; This study is being ordered for Inflammatory/ Infectious Disease.; 01/05/17; There has been treatment or conservative therapy.; Pain is located in the left lateral lower chest area and radiates sometimes into the front sometimes down to her pelvic bone area.; Pain is located in the left lateral lower chest area and radiates sometimes into the front sometimes down to her pelvic bone area. It is sensitive to touch and is not affected by activity. Nothing she does can make it go away. ibuprofen may help some, b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	SOMETHING SEEN ON PATIENTS LUNGS; 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	<p>pt has shortness of breath and tightness in chest; 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.</p> <p>Initial staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	<p>pt has shortness of breath and tightness in chest; 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.</p> <p>Initial staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Internal Medicine	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	PATIENT HAS CHRONIC PAIN IN HER NECK AND SHOULDERS WITH THE PAIN TRAVELING DOWN THE BACK. PATIENT REPORTS THAT THE PAIN HAS GOTTEN PROGRESSIVELY WORSE IN THE LAST 3 MONTHS PREVENTING HER FROM PERFORMING HER DAILY ACTIVITIES; This study is being ordered for a neurological disorder.; 3 MONTHS; There has been treatment or conservative therapy.; SHARP BURNING PAIN AND INFLAMMATION IN THE SHOULDERS AND NECK, THROUGH OUT THE DAY ON A DAILY BASIS.; CHIROPRACTOR TREATMENT, 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
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	c/o rolled car /mva this am - no loc - severe neck pain - some lt rib pain.; This study is being ordered for trauma or injury.; 09-18-17; There has not been any treatment or conservative therapy.; c/o rolled car /mva this am - no loc - severe neck pain - some lt rib 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	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS NECK PAIN, WEAKNESS IN GRIP, NUMBNESS AND BURNING IN ARMS, ALSO HAD XRAY THAT SHOWS OSTEOARTHRITIS, RECENTLY GOT DENIED FOR MRI; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Internal Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	patient continues to being treated for UTI but still complaining of lower flank/abd pain. Abd. Ultrasound don't on 10/25/17 was negative.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/9/17; There has been treatment or conservative therapy.; flank pain; she was started on Microbid for UTI on 9/10/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/10/17; There has been treatment or conservative therapy.; back pain going to lower back, pain in hip when walking, xray did not show fracture; steroid injections, oral anti-inflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/15/17; There has been treatment or conservative therapy.; PAIN; INFEDS, NORCO ,MOVIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2017; There has been treatment or conservative therapy.; Patient has severe pain in neck for over a year, lumbar pain is a 7 out of a 10. Has had no injury or trauma.; Had anti inflammatory meds, muscle relaxers,.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT IS HAVING NUMBNESS AND TINGLING IN R. ARM, WEAKNESS IN 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

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for a neurological disorder.; 07/25/2017; There has been treatment or conservative therapy.; Difficulty initiating sleep, Dizziness, Extremity weakness, Gait disturbance, Headache, Numbness in extremity, Paresthesia, Shaking, Tremors.; Anxiety, Depression, Difficulty concentrating, Feeling down, depressed or hopeless.; Activity limitation., Arthr; Medications: 09/21/2017 GABAPENTIN, 08/22/2017 METAXALONE, 08/22/2017 TRAMADOL HCL, 05/23/2017 CELECOXIB.; DAILY NSAID, TRAMADOL AT HOME FOR MORE SEVERE PAIN. PATIENT TO INVESTIGATE LOW IMPACT FORMS OF REGULAR EXERCISE WHICH SHOULD NOT PARTICIPATE 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</p>	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for trauma or injury.; 1 YR AGO; There has been treatment or conservative therapy.; ; The Excedrin that he takes has only minimally helped.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Pt involved in MVA 04/30/17 and has had increased pain in his neck and low back with numbness in both legs, more so in left leg. Pt was seeing Dr. Raben for pain management, however, Dr. Raben passed away in May. Pt was referred to Optimal Pain and Wellne</p>	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; &lt;Enter Additional Clinical Information&gt;</p>	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LOW BACK PAIN AND NECK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has experienced increased pain and weakness in bilateral upper extremities that is getting worse.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has pain and Paresthesia of both upper extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has pain in upper back, there was negative findings in ultrasound of this area.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is a 61-year-old female that comes in today to discuss some issues. She states that she has a past history of cervical and lumbar DJD. She is having some on and off right-sided sciatica on her lower back. She works as a cleaning lady for harvest t; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THE ONSET WAS 6 WEEKS AGO. THE COURSE/DURATION OF SYMPTOMS IS CONSTANT AND FLUCTUATING IN INTENSITY.; This is a request for 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.; RADIATING PAIN TO THE LEFT UPPER EXTREMITY UPPER LEFT CHECK WALL. THE CHARACTER OF SYMPTOMS IS RADIATING PAIN: TO THE LEFT UPPER EXTREMITY. THE DEGREE AT PERSENT IS MODERATE THERE ARE EXACERBATING FACTORS INCLUDING MOVEMENT AND TURNING HEAD.RISK FACTORS C	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; PATIENT HAD XRAY THAT SHOWEDREVERSAL OF NORMAL CERVICAL LORDOSIS WITH THE APEX AT THE C5 LEVEL AND WIDENING OF THE INTERSPACES BETWEEN THE SPINOUS PROCESS AT THE C4-C5 AND C5-C6 LEVELS. FINDINGS IN SUGGESTIVE OF OLD LIGAMENOUS INJURY, BUT NO FRACTURE, SU	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Pt with chronic neck pain with numbness going to arm	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; unknown	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; None; No, the patient does not have new or changing neurological signs or symptoms. Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/21/2017; There has been treatment or conservative therapy.; neck pain radiating down her back; Steroid Injections and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/10/17; There has been treatment or conservative therapy.; back pain going to lower back, pain in hip when walking, xray did not show fracture; steroid injections, oral anti-inflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/29/16; There has been treatment or conservative therapy.; back pain and spasms; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If 08/27/2017; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; pt experiencing pain in pain as sharp and throbbing. increasing and worsening .	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has pain in upper back, there was negative findings in ultrasound of this area.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Review of Systems  Musculoskeletal: Positive for back pain (pain lying flat or rising and pain bending to tie shoes).  Neurological: Positive for weakness. Negative for numbness.  Physical Exam  Musculoskeletal: Normal range of motion. He exhibits ten; This study is being ordered for a neurological disorder.; Back Pain  Associated symptoms: weakness  Associated symptoms: no numbness  a couple of weeks ago while moving 4 wheelers one slipped and fell and he had to lift heard a pop and began having back pain 1-2 days later. He was given tramadol, votaren, ; There has been treatment or conservative therapy.; Midline pain from lower thoracic to lumbar with positive leg raise on left at lower thoracic. He is tender para vertebral as well Musculoskeletal: Positive for back pain (pain lying flat or rising and pain bending to tie shoes).  Neurological: Positive; For acute pain, rest, intermittent application of heat (do not sleep on heating pad), analgesics and muscle relaxants are recommended.  Discussed longer term treatment plan of prn NSAID's and discussed a home back care exercise program with flexion exerc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; 55 year old male states that he is here for a 3 month follow up. HPI 54 yo male with PMH of HTN,chronic back pain -- follows up with neuro surgeon and neurologist - also sees pain clinic - Dr. Gera and is on hydrocodone, OSA - on CPAP comes for f/u. He ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Xray showed dextroscoliosis, spondylosis and degenerative disk space narrowing @ T8-9. Meloxicam not helping; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/21/2017; There has been treatment or conservative therapy.; neck pain radiating down her back; Steroid Injections and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bi lateral 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	6
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/23 MAYBE; It is not known if there has been any treatment or conservative therapy.; <Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/10/17; There has been treatment or conservative therapy.; back pain going to lower back, pain in hip when walking, xray did not show fracture; steroid injections, oral anti-inflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/29/16; There has been treatment or conservative therapy.; back pain and spasms; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/15/17; There has been treatment or conservative therapy.; PAIN; INFEDS, NORCO ,MOVIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2017; There has been treatment or conservative therapy.; Patient has severe pain in neck for over a year, lumbar pain is a 7 out of a 10. Has had no injury or trauma.; Had anti inflammatory meds, muscle relaxers.,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. Patient is a 61-year-old female that comes in today to discuss some issues. She states that she has a past history of cervical and lumbar DJD. She is having some on and off right-sided sciatica on her lower back. She works as a cleaning lady for harvest; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lumbar spine tender to palpate,Slr pos. bil. 20 deg.; The patient does not have new signs or symptoms of bladder 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; methylPREDNISolone (MEDROL DOSEPACK) 4 mg tablet dose pack  meloxicam (MOBIC) 7.5 MG tablet HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If 08/27/2017; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	31 year old male with chronic low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Arthritis symptoms: pain involving: hip(s): left greater than right, and the low back from DJD of the lumbar spine and SI joints as well as chronic fibromyalgia with negative immune markers : severity = moderate, improved with gabapentin. She is still ha; The study 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	c/o low back pain. mod/worsening/present several months. reports low back pain on both right and left side. has not done any therapy yet. no sciatica this time around. bothers when sitting for long periods of time; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

				CONSTITUTIONAL: Positive for fatigue (much better now).  EYES: Positive for blurred vision (bilaterally).  E/N/T: Positive for sore throat.  CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema.  RESPIRA; The study requested 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: well developed, well nourished; well groomed; no apparent distress;  EYES: lids and lacrimal system are normal in appearance; extraocular movements intact; conjunctiva and cornea are normal; PERRLA;  E/N/T: normal EACs, TMs, nasal/oral mucos; The patient does not have new signs or symptoms of bladder 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	having pain in lumbar region radiating down to hip and calf on left side.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	he has pain that is moderate to severe that is relieved with medication and rest.; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	history of back surgery, pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	injured back about 2 wks; radiating pain r side down to r leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LOW BACK PAIN AND NECK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lower back for many years Worsening & Radiating to right buttock and back of Thigh Takes OTC pain meds, which help a little XR normal No injury No tingling numbness Physical exam noted tenderness Treating with rest, ice  MRI needed for Orthopedic s; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the 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
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was 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

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right side weakness and 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
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient came in on 9/5/2017 with back pain and is still having back pain 09/29/2017; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has pain in her back lumbar sacral, also degenerative disc disease; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has weakness, numbness tingling and loss of balance combined with falls, difficulty standing and walking; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left leg weakness and pain radiating from his back to his knee and ankle; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports old injury to back several years ago; has had increased pain of LE bilaterally. Has tried OTC meds as well as prescription meds with no improvement.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient was initially evaluated in the emergency rom on 11/15/2017. She was involved in a motor vehicle crash, Shortly after the accident, she developed neck pain and bilateral hip pain. She has been treated with muscle relaxers, steroid injection, oral; 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
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was lifting weight 4 weeks ago and hurt his back and has been taking muscle relaxers and steroids and none of this is helping; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PROLAP LUMBAR AND DISC; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has a previous diagnosis of spinal stenosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above pt has sensorimotor polyneuropathy on LE nerve conduction; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is seeing pain management who is requesting a recent MRI; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o cause of back problems; The study 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. Radicular pain of right lower extremity (M54.10). patient has a two-month history of radicular pain of right lower extr this pain is moderate to severe it radiates through right buttock right lateral thigh and posterior thigh lateral lower leg he a; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above Reason: CHRONIC BACK PAIN-medrol dose pack to decrease inflammation ON 8/16/17. follow-up on back pain. He continues to suffer from lumbar back pain which has now become chronic in nature, it has not worsened but just persistent. He was prescribed physica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Review of Systems  Musculoskeletal: Positive for back pain (pain lying flat or rising and pain bending to tie shoes).  Neurological: Positive for weakness. Negative for numbness.  Physical Exam  Musculoskeletal: Normal range of motion. He exhibits ten; This study is being ordered for a neurological disorder.; Back Pain  Associated symptoms: weakness  Associated symptoms: no numbness  a couple of weeks ago while moving 4 wheelers one slipped and fell and he had to lift heard a pop and began having back pain 1-2 days later. He was given tramadol, votaren, ; There has been treatment or conservative therapy.; Midline pain from lower thoracic to lumbar with positive leg raise on left at lower thoracic. He is tender para vertebral as well Musculoskeletal: Positive for back pain (pain lying flat or rising and pain bending to tie shoes).  Neurological: Positive; For acute pain, rest, intermittent application of heat (do not sleep on heating pad), analgesics and muscle relaxants are recommended.  Discussed longer term treatment plan of prn NSAID's and discussed a home back care exercise program with flexion exerc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	sever lower back pain bi lateral posterior both sides for several weeks; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She states once every couple months her legs will feel tingly. She states she isn't any better. She notes some pain relief with hip flexion and sitting/lying. The pain worsens with walking, back extension, and prolonged standing.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LOW BACK examination: Inspection: normal skin, soft tissue and bony appearance with gentle lumbar lordotic curve, no gross edema or evidence of acute injury;  Palpation: lumbar bilateral lumbar paraspinous muscle pain;  Neuro-vascular: sensation intact ; The patient does not have new signs or symptoms of bladder 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	3
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) Twisted his back 3 days ago, sharp pain on the R, at rest 3 out of 10, certain movements 8 out of 10, pain does radiate to R buttock; The study 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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
Internal Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Initial Staging for Eval/treat Multiple Myeloma. Referring Dr's notes state CT of facial bones done first of September show multiple lytic bone lesions involving the skull suggesting Multiple Myeloma or bony metastatic disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Ms. Parker presents today and complains of left hip pain really more in the sciatic greater trochanteric bursa region. We reviewed her records and in 2015 she was here with a similar complaint and we did an MRI of the pelvis which revealed edema of the tr; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Internal Medicine	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Initial Staging for Eval/treat Multiple Myeloma. Referring Dr's notes state CT of facial bones done first of September show multiple lytic bone lesions involving the skull suggesting Multiple Myeloma or bony metastatic disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Internal Medicine	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	INITIAL STAGING FOR MULTIPLE MYELOMA DIAGNOSED 11/2017; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/3/17; There has been treatment or conservative therapy.; shoulder pain, hip pain; medication, rest, home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 1 YR AGO; There has been treatment or conservative therapy.; ; The Excedrin that he takes has only minimally helped.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt fell and injured her right clavicle the pain is getting worse and swelling	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt has pain in his left shoulder	1

Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Shoulder pain details; he complains of left shoulder pain. The location of the pain is deep, anterior, and posterior. It radiates to the elbow. The pain initially started more than 5 years ago. Related symptoms include shoulder stiffness, numbness, we	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; unknown	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; 31 year old male with right shoulder pain, suspect torn rotator cuff.	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Internal Medicine	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/2017; There has been treatment or conservative therapy.; pain and swelling; Injections etc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2

Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	X-RAY FINDINGS INCONCLUSIVE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; WITHIN LAST SIX WEEKS.; There has not been any treatment or conservative therapy.; Has bilateral knee pain with popping when exercises. No injury.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/3/17; There has been treatment or conservative therapy.; shoulder pain, hip pain; medication, rest, home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Internal Medicine	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion. < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT persistent pain in Abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt had ultrasound from 12/16 pt still having 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 swollen and tender abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	We are going to do a CT of her abdomen. She has been dealing with this now for a while. We cannot seem to make the constipation better.; 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.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Internal Medicine	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/23 MAYBE; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2015; There has been treatment or conservative therapy.; check for growth of changes; surveliance; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/17; There has not been any treatment or conservative therapy.; Family hx of disease, Abdominal pain, and hepatomag; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	fever, concerned for appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. Liebich presents with generalized abdominal pain. It began 2 weeks ago. The onset of pain occurred with no apparent trigger. It is of moderate intensity. She estimates that the frequency of pain is constant. Aggravating factors include defecation; 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
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Palpable 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

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Physical exam:; Abdomen: Soft with no organomegaly, masses or tenderness. Bowel sounds present throughout. She has fairly demarcated tenderness to palpation of the skin in the dermatome area of approximately T8 or T9 on the left. No visible rash no po; This study is being ordered for Inflammatory/ Infectious Disease.; 01/05/17; There has been treatment or conservative therapy.; Pain is located in the left lateral lower chest area and radiates sometimes into the front sometimes down to her pelvic bone area.; Pain is located in the left lateral lower chest area and radiates sometimes into the front sometimes down to her pelvic bone area. It is sensitive to touch and is not affected by activity. Nothing she does can make it go away. ibuprofen may help some, 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 pt c/o burning with urination, difficulty urinating.; 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
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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	8
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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 unknown.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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	2
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 6 month return.  HPI having Some occas LLQ Discomfort. No Relation to Bm noted. Deep or hard Cramp.. No Real gas noted. Not Positional. No bladder Trouble. No dysuria and No bleeding. Having Trapezius Muscle Pain.no GERD Sx.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; elevated liver enzymes, ascites w/abdominal pain; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being 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
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Ultrasound on 07/05/2017 recommended 3 month follow up CT with contrast for Low - density lesions in the right lobe of the liver, some of which appear to be tiny cysts, however some of those are too small to accurately characterize. Largest measured 6.3mm; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	UNEXPLAINED UNINTENTIONAL 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
Internal Medicine	Disapproval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a MR Angiogram of the abdomen.	1
Internal Medicine	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1
Internal Medicine	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Internal Medicine	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	abnormal mammogram; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Internal Medicine	Disapproval	77084 Magnetic resonance imaging, bone marrow blood supply	Radiology Services Denied Not Medically Necessary	Initial staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The 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
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Abnormal EKG have one Twave that appears more prominent and we could do a stress test to confirm that this isn't worrisome. I'll order one; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CARDIO TESTIN DUE TO NEWLY DISCOVERED FAMILY HX OF CVD. ONE BROTHER HAS HAD AN MI AND TWO STENTS PLACED. HER OTHER BROTHER HAD NO SYMTOMPS BUT WAS CHECKED AND FOUND OUT HE NEEDS VALVE REPLACEMENT AND HAS ANEURYSM. HER MOTHER ANS SISTER BOTH HAVE HEART MU; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, head aches; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	COPD SOB PAIN UPON EXERTION; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	ekg was abnormal; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	family history CAD; angina reported at ER;; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Has been having chest pain off and on -Fisbell LPN. 2. 152/98 recheck 150/90; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Mrs Buerer is 44yo G3P3 s/p TAH/BSO lady (not working) with significant history of HTN, HLD, fibromyalgia and artificial menopause, followed by Jarrod Jerry DPN, referred for evaluation of chest discomfort and hypertension. She reports progressive symptom; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p> <p>This 59 year old male presents for FATIGUE.; History of Present Illness: 1. FATIGUE; He has increasing fatigue and DOE. He is not having any chest pain. He is compliant with his BIPAP. He falls asleep frequently during the day.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>this is a MPI w/ exercise pt has shortness of breath and chest pain; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.</p>	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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</p>	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.</p>	2
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.</p>	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1

Internal Medicine	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Internal Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.	1
Internal Medicine	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
Internal Medicine	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Internal Medicine	Disapproval	G0297 Low dose CT scan (LDCT) 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.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	1
Internal Medicine	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	will fax in; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Interventional Radiologists	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST		patient had follow-up angiogram 04/04/17 which revealed 90% stenosis of right ICA supraclinoid stent was successfully treated with intracranial angioplasty.; This study is being ordered for Vascular Disease.; 04/10/2016; There has been treatment or conservative therapy.; requesting follow up CTA head and neck to view carotids and stenting; Cardiac cath, cerebral interventional study, 4 vessel cath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST		possibility of right M1 occlusion; This study is being ordered for a neurological disorder.; August 2017; There has been treatment or conservative therapy.; Weakness, dizziness, numbness; Cerebral Arteriogram, 4 Vessel; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST		patient had follow-up angiogram 04/04/17 which revealed 90% stenosis of right ICA supraclinoid stent was successfully treated with intracranial angioplasty.; This study is being ordered for Vascular Disease.; 04/10/2016; There has been treatment or conservative therapy.; requesting follow up CTA head and neck to view carotids and stenting; Cardiac cath, cerebral interventional study, 4 vessel cath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	possibility of right M1 occlusion; This study is being ordered for a neurological disorder.; August 2017; There has been treatment or conservative therapy.; Weakness, dizziness, numbness; Cerebral Arteriogram, 4 Vessel; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Interventional Radiologists	Approval	70544 Mr angiography head w/o dye	diagnosed with hht; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has not been any treatment or conservative therapy.; STRONG FAM HX OF HHT, HEPATITIS , visible telangiectasia'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
Interventional Radiologists	Approval	70544 Mr angiography head w/o dye	Suspected CNS VZV Vasculitis with predominant involvement of Left MCA and ACA H/O Left MCA strokes.; This study is being ordered for a neurological disorder.; 07/2017; There has been treatment or conservative therapy.; This is a follow up to surgery. Patient still has gait, speech and memory difficulties.; Cerebral intervention studies, cerebral arteriogram, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Interventional Radiologists	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA. diagnosed with hht; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has not been any treatment or conservative therapy.; STRONG FAM HX OF HHT, HEPATITIS , visible telangiectasia'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
Interventional Radiologists	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Suspected CNS VZV Vasculitis with predominant involvement of Left MCA and ACA H/O Left MCA strokes.; This study is being ordered for a neurological disorder.; 07/2017; There has been treatment or conservative therapy.; This is a follow up to surgery. Patient still has gait, speech and memory difficulties.; Cerebral intervention studies, cerebral arteriogram, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Interventional Radiologists	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	diagnosed with hht; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has not been any treatment or conservative therapy.; STRONG FAM HX OF HHT, HEPATITIS , visible telangiectasia'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
Interventional Radiologists	Approval	71250 CT CHEST, THORAX	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2

Interventional Radiologists	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	2
Interventional Radiologists	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	3
Interventional Radiologists	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		<Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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
Interventional Radiologists	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a one year follow up to the patient's Four-vessel cerebral arteriogram.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Interventional Radiologists	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Nephrology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST			1
Nephrology	Approval	70544 Mr angiography head w/o dye		There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 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
Nephrology	Approval	70544 Mr angiography head w/o dye		R/O aneurysm; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST			1
Nephrology	Approval	71250 CT CHEST, THORAX			1

Nephrology	Approval	71250 CT CHEST, THORAX	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
Nephrology	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt has mri in august that shows osteomyelitis/discitis and has treatment. we need follow up to see if it his healed; This is a request for cervical spine MRI; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Nephrology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Nephrology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the abdomen. Patient has Chronic Kidney 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 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; 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
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2

Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; 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 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
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74181 MRI ABDOMEN		MRI Abdomen on 10-8 while inpatient at hospital. Mass found on his R-Kidney that was causing hemorrhage of right kidney. This is follow-up for comparison to see if further treatment is required.; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1
Nephrology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Nephrology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/05/2017; There has not been any treatment or conservative therapy.; Pt is having sharp pain in the thoracic area to the neck and extends into lower extremities . Tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Nephrology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Nephrology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/17/2017; There has not been any treatment or conservative therapy.; PAIN, NUMBNESS, TINGLING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Nephrology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/05/2017; There has not been any treatment or conservative therapy.; Pt is having sharp pain in the thoracic area to the neck and extends into lower extremities . Tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Nephrology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Nephrology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/17/2017; There has not been any treatment or conservative therapy.; PAIN, NUMBNESS, TINGLING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Nephrology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lumbar radiculopathy; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Nephrology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Nephrology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Pre kidney transplant evaluation; hx hypertension; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Nephrology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Nephrology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Nephrology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Nephrology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pre kidney transplant evaluation; hx hypertension; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Nephrology	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient 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
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		dizziness, memory loss, focal weakness, seizures, has shunt put in - make sure not off.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		Found some masses on her skull, R/O any concerns they may have about them; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		Patient was seen on 11/29/17 in our office. She complains of headaches. She has a history of shunt placement in 1993. Shunt was functioning well up until recently, after she claimed to have had a seizure. Associated symptoms include blurred vision, dizziness; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; 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 CT BRAIN, HEAD		The Pt has slurred speech, right facial droop, left arm weakness, dysphasia; 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
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	5

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	15
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	2

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.";	3
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This study is being requested for a headache.	2
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	6
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	2
Neurological Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Pt is a heavy smoker with MR evidence of lacunar infarcts and thoracic AV Fistula, CTA requested to evaluate circulation; This study is being ordered for Vascular Disease.; 02/2017; There has been treatment or conservative therapy.; Ataxic gait, burning in feet, numbness in legs, fainting spells, vertigo, unsteadiness; Started High blood pressure medication 2/1/2017 - Valsartan HCTZ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	29
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Pt is a heavy smoker with MR evidence of lacunar infarcts and thoracic AV Fistula, CTA requested to evaluate circulation; This study is being ordered for Vascular Disease.; 02/2017; There has been treatment or conservative therapy.; Ataxic gait, burning in feet, numbness in legs, fainting spells, vertigo, unsteadiness; Started High blood pressure medication 2/1/2017 - Valsartan HCTZ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	5
Neurological Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1

Neurological Surgery	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	3
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	3
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	4
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	27 year old male presents with history of intermittent headaches and occasional episodes of deja vu, dizziness which have increased in frequency. He reports suboccipital headaches and pressure that are exacerbated by Valsalva on a daily basis and can wake 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
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Cerebral cysts; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chiari I. Completion studies and cine flow. May need dysautonomia eval. Follow up after.; This study is being ordered for a neurological disorder.; Duration: 3 years; There has been treatment or conservative therapy.; 27 yo son of a Chiari pateint with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/back pain, balance issues. MRI shows 5 mm tonsillar herniation C/.W Chiari. Studies not available for review/ only report. No CT/L/S; Medications Reviewed Medications Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension Spray 1 spray(s) every day by intranasal route. 06/08/17 entered Tana Nowlin lisinopril 10 mg tablet Take 1 tablet(s) every day by oral route. 06/08/1; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up for frontal meningioma found on MRI brain 2/15/17 demonstrating 14 mm left paramidline anterior cranial fossa meningioma. 6 month follow up to evaluate for growth.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma. For the headaches and numbness of the hand a decision was made to proceed with a consultation with Dr. Elizabeth Sullivan and an MRI of the Brain with and without contrast.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Here for 6 week f/u S/P SOD. Wound C/D/I flat Has some right trapezius weakness C/W accessory nerve dysfunction and incisional issues, neck stiffness. Otherwise neuro - intact. Refill meds and 6 weeks with MRI head neck cine flow. Has had issues with Lyme; This study is being ordered for a neurological disorder.; 12/27/16; There has been treatment or conservative therapy.; 48 year old female presents with long standing history of headaches SO and frontally exacerbated by Valsalva and getting worse. She pinpoints MVA in early 2000s as onset. She also c/o visual issues at tiems, tinnitus, dizziness at times as well as stutter; Here for 6 week f/u S/P SOD. Wound C/D/I flat Has some right trapezius weakness C/W accessory nerve dysfunction and incisional issues, neck stiffness. Otherwise neuro - intact. Refill meds and 6 weeks with MRI head neck cine flow. Has had issues with Lyme; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>I spoke with Ms. Ellis yesterday who states she continues to have the same pain she was having at her last post op visit back in October. She states her pain follows her teeth line and does not go up toward her eye as it did prior to the surgery but that ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p> <p>MRI Brain w/wo contrast performed at Ouachita County on 9/27/2017; 13mm oval fluid intensity mass is noted in the pineal gland. There may be minimal enhancement of the cyst wall but there is no internal enhancement. No mass effect. No Obstructive hydroce; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Mrs. Harrison returns following an additional 3 1/2 months of continued chemotherapy for her metastatic breast cancer. History significant for left frontotemporal dural-based metastasis on 7/20/15, followed by whole brain radiation in 2016. Ms. Harrison's; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.</p>	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Ms. Johnson's imaging demonstrates cerebellar tonsillar ectopia with symptoms consistent with either cervical radiculopathy or intermittent CSF flow obstruction. Symptoms include blurred vision, dizziness, eye pain, loss of balance, nausea, neck pain, num; This study is being ordered for a neurological disorder.; September 2017; There has not been any treatment or conservative therapy.; Symptoms include blurred vision, dizziness, eye pain, loss of balance, nausea, neck pain, numbness (right forearm, 4th and 5th fingers), tingling, visual change and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>PATIENT IS HAVING A 2YEAR FOLLOW UP FOR PINEAL CYST; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.</p>	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Post Op for tumor resection; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma. pt with known meningioma. having increased HA, time for 6 mos follow up to eval brain tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt with tumor found on scan in April 2017 coming for 6 mos surveillance; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	re to follow up after studies. MRI showed possible left foraminal impingement but EMG did not confirm radicular issues.CT neck shows stable fusion and hardware and mild multilevel foraminal narrowing. The C5/C6 HNP is essentially gone. MRI head with cine; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. THE DR IS GOING TO CHECK THE STABLE OF THE TYPE 1 CHIARI MALFORMATION AND CHECK AGAIN FOR SYRINGOMYELIA IN HER CERVICAL SPINAL CORD; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	22
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	7

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	86
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	17

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor. UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	15
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Weakness of whole left side; numbness of whole left side; difficulty with gate; This study is being ordered for a neurological disorder.; 10/01/2017; There has not been any treatment or conservative therapy.; weakness of whole left side; numbness of whole left side; difficulty with gate; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Will fax; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	left upper extremity numbness pain and tingling right hand numbness and tingling worse when moving his head shooting pain down spine when moving neck; This study is being ordered for trauma or injury.; approximately 2 years ago; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; anti inflammatories physical therapy muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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.; numbness, weakness, headaches, pain; medications , pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for a neurological disorder.; 07/01/2012; There has been treatment or conservative therapy.; Neck and back pain, Arm and leg pain.; Surgery on neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	6mo history of progressively worsening neck pain exacerbated by activity and extension. No clear radiculopathy but with occasional right small finger numbness and tingling. No signs of myelopathy. CT of the cervical spine reveals spondylosis at 6/7. I dis; This study is 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 6 months; There has been treatment or conservative therapy.; neck pain with bilateral shoulder blade pain, numbness/tingling/weakness, especially right fingers. worsens with activity; Physical therapy ordered 10/13/2017 Diclofenac ordered 10/13/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	for surgical planning; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Including a myelogram.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	left upper extremity numbness pain and tingling right hand numbness and tingling worse when moving his head shooting pain down spine when moving neck; This study is being ordered for trauma or injury.; approximately 2 years ago; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; anti inflammatories physical therapy muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	N/A; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	patient with cervical spine fracture- requesting CT scan to look for healing fracture.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	3
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	3
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	2
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to 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.	6
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/17; There has been treatment or conservative therapy.; numbness, tingling; PT, 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	24
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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.; numbness, weakness, headaches, pain; medications , pt,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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.; numbness, weakness, headaches, pain; medications , pt,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for trauma or injury.; multiple compression fractures, s/p fusion and multiple kyphoplastys now with worsening pain.; There has been treatment or conservative therapy.; shoulder blade pain, low back pain.; Physical therapy, injections, kyphoplasty, pain medication. Inpatient rehab.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	It is not known if the study is for follow up or staging.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is a known condition of tumor.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	L1 compression fracture with kyphotic deformity that is not improving with conservative therapy/bracing; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Patient has thoracic fractures and needing to see if they have healed on their own.; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	patient is s/p corpectomy with fusion and having increase in low back pain.; This study is being ordered for trauma or injury.; 6/2017; There has been treatment or conservative therapy.; increasing low back pain, bladder incontinence.; pain medications, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/17; There has been treatment or conservative therapy.; numbness, tingling; PT, 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

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; numbness, weakness, headaches, pain; medications , pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This study is being ordered for a neurological disorder.; 07/01/2012; There has been treatment or conservative therapy.; Neck and back pain, Arm and leg pain.; Surgery on neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; 10/01/2017; There has not been any treatment or conservative therapy.; Sharp lbp; progressing into rt buttock and down into rt leg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for trauma or injury.; multiple compression fractures, s/p fusion and multiple kyphoplastys now with worsening pain.; There has been treatment or conservative therapy.; shoulder blade pain, low back pain.; Physical therapy, injections, kyphoplasty, pain medication. Inpatient rehab.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	6mo history of progressively worsening neck pain exacerbated by activity and extension. No clear radiculopathy but with occasional right small finger numbness and tingling. No signs of myelopathy. CT of the cervical spine reveals spondylosis at 6/7. I dis; This study is 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 6 months; There has been treatment or conservative therapy.; neck pain with bilateral shoulder blade pain, numbness/tingling/weakness, especially right fingers. worsens with activity; Physical therapy ordered 10/13/2017 Diclofenac ordered 10/13/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	BYPASSED, WLL FAX IN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	Including a myelogram.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	L1 compression fracture with kyphotic deformity that is not improving with conservative therapy/bracing; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	patient is s/p corpectomy with fusion and having increase in low back pain.; This study is being ordered for trauma or injury.; 6/2017; There has been treatment or conservative therapy.; increasing low back pain, bladder incontinence.; pain medications, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	Patient with a history of kidney disease with pelvic and low back pain.; This study is being ordered for a neurological disorder.; 9/27/2017; There has been treatment or conservative therapy.; Low Back pain/pelvic pain; Exercise/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
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	41
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	2
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	4
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	15
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	27

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; 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 ; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 3 out of 5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; UPPER EXTREMITY PAIN W/WEAKNESS & NUMBNESS RADIATING TO HANDS AND FEET; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 2017; There has not been any treatment or conservative therapy.; leg pain bilateral radiates to lateral upper thigh tingling in back of calves left arm pain upper bicep and deltoid region feels pinpricks in his arms at times lumbar stenosis bilateral radicular pain in lower extremities new onset of worsening radicula; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	10
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; neck pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Neck is early 2017 and the back is from surgery on 09/20/2017.; There has been treatment or conservative therapy.; Back is post op eval.  Neck--He also c/o posterior neck pain and left arm pain and lower arm and hand weakness. Onset was "early in 2017". Precipitating cause is unknown. Denies fall, trauma, or injury. No history of neck surgery or left arm surgery. He; Back is post op surgery.  Neck--NSAIDS and therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	45 year-old male was most recently seen on August 16, 2016, for cervical issues status post redo anterior cervical fusionPatient also notes a left posterior neck pain which causes headaches from the occiput over into the frontal region and occasionally be; 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.; Cervical Spine a loss of normal lordosis. Special Tests: positive Spurling's Maneuver on the left, but negative Spurling's Maneuver on the right.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	aving sharp and burning midline neck pain extending into the trapezius bilaterally, worse on the right than the left, with extension of pain predominantly in the right arm into the deltoid and dorsal forearm and then into the C6 distribution of the hand a; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Cyclobenzaprine 10 MG Gabapentin 600 MG	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	back pain,; This study is being ordered for a neurological disorder.; 3/4/2017; There has been treatment or conservative therapy.; neck pain, numbness and weakness in arm, head aches, numbness and weakness in both legs; PT, medications, steroid patch,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	BYPASSED, WLL FAX IN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Checking proximal spine for stenosis, patient has had prior neck injury with neck pain, radiation to the head.; This study is being ordered for a neurological disorder.; 12/15/2017; There has been treatment or conservative therapy.; Bilateral lower extremity pain and cramping.; Patient received and Epidural Steroid Injection on 11/28/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Chiari I. Completion studies and cine flow. May need dysautonomia eval. Follow up after.; This study is being ordered for a neurological disorder.; Duration: 3 years; There has been treatment or conservative therapy.; 27 yo son of a Chiari pateint with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/back pain, balance issues. MRI shows 5 mm tonsillar herniation C/.W Chiari. Studies not available for review/ only report. No CT/L/S; Medications Reviewed Medications Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension Spray 1 spray(s) every day by intranasal route. 06/08/17 entered Tana Nowlin lisinopril 10 mg tablet Take 1 tablet(s) every day by oral route. 06/08/1; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CHIARI I. send for completions and cine flow and revisit. Could be a surgical candidate.; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (2015); There has been treatment or conservative therapy.; 30 year old male works at Middleton heat an air. He has right SO headaches radiating to right eye and top of head exacerbated by bending. vALSALVA. HAS NOT RESPONDED TO A HOST OF HEADACHE INTERVENTIONS. Burning in legs and feet at times. No ear, swallow o; He was referred to us by Dr. David Brown.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Cspine has neurological disorder; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	en months out from severe motor vehicle accident with loss of consciousness with persistent neck and back pain. Noted to have minor fractures of the neck and back at that time. Continues to be plagued with severe neck and back pain. We will get involved w; This study is being ordered for trauma or injury.; Feb. 2017; There has been treatment or conservative therapy.; Was dx with cervical fx, maybe some hairline fx in the low back. Cont w neck pain to the right shoulder/scap/trap area. Has some days he cant even lift his arm. Right arm pain and numbness to the fingertips. Wakes up with his arm being dead asleep. Heada; Clycobenzaprine, Gabapentin, Tramadol, Trazodone.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	hep no relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing 8 years worsening in the last year; There has been treatment or conservative therapy.; neck and mid back pain; numbness and pain bilateral arms; grip loss; pt; pain management; nsaid therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Here for 6 week f/u S/P SOD. Wound C/D/I flat Has some right trapezius weakness C/W accessory nerve dysfunction and incisional issues, neck stiffness. Otherwise neuro - intact. Refill meds and 6 weeks with MRI head neck cine flow. Has had issues with Lyme; This study is being ordered for a neurological disorder.; 12/27/16; There has been treatment or conservative therapy.; 48 year old female presents with long standing history of headaches SO and frontally exacerbated by Valsalva and getting worse. She pinpoints MVA in early 2000s as onset. She also c/o visual issues at tiems, tinnitus, dizziness at times as well as stutter; Here for 6 week f/u S/P SOD. Wound C/D/I flat Has some right trapezius weakness C/W accessory nerve dysfunction and incisional issues, neck stiffness. Otherwise neuro - intact. Refill meds and 6 weeks with MRI head neck cine flow. Has had issues with Lyme; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Holospinal Pain &#x0D; Cont w neck pain that radiates to the left shoulder and down the arm. Left arm locks up when she picks something up. Seems like the pain is all on the left, has has several EMG's and was told it was from damage from the accident. &#x0D; Has ; 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.</p> <p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Ms. Johnson's imaging demonstrates cerebellar tonsillar ectopia with symptoms consistent with either cervical radiculopathy or intermittent CSF flow obstruction. Symptoms include blurred vision, dizziness, eye pain, loss of balance, nausea, neck pain, num; This study is being ordered for a neurological disorder.; September 2017; There has not been any treatment or conservative therapy.; Symptoms include blurred vision, dizziness, eye pain, loss of balance, nausea, neck pain, numbness (right forearm, 4th and 5th fingers), tingling, visual change and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Ms. Johnson's imaging demonstrates cerebellar tonsillar ectopia with symptoms consistent with either cervical radiculopathy or intermittent CSF flow obstruction. Symptoms include blurred vision, dizziness, eye pain, loss of balance, nausea, neck pain, num; This study is being ordered for a neurological disorder.; September 2017; There has not been any treatment or conservative therapy.; Symptoms include blurred vision, dizziness, eye pain, loss of balance, nausea, neck pain, numbness (right forearm, 4th and 5th fingers), tingling, visual change and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Neck Pain  Pain location: L side (posterior) Quality: Stabbing and stiffness Stiffness is present: All day Pain radiates to: L shoulder, L arm, L hand and L forearm Pain severity: Moderate Timing: Intermittent Progression: Waxing and waning; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; There has been treatment or conservative therapy.; Patient complains of onset of neck pain. She reports at first she had neck pain with shooting pain down inside of left arm with pinky/ring finger numbness. This went away and went to a stabbing pain under her arm and now she is experiencing numbness to co; Ibuprofen muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	neck pain left sided low back pain, worse with activity. LLE Numbness/tingling .  cervicothoracic syrinx confirmed on previous imaging.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology NEW ONSET BUT TRANSIENT NECK PAIN, DR WANT TO DO AN MRI OF THE ENTIRE SPINE FOR FOLLOW-UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHIARI 1 MALFORMATION 1 EPISODE OF NECK PAIN WHICH LASTED 2 WEEKS.; There has not been any treatment or conservative therapy.; CHIARI 1 MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness down left side, diminish reflexes; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient with history of hemangioblastoma of the brain status post resection. This is a request for spine imaging to evaluate spread to spine. Patient with new onset back pain.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>progressive myelopathy I cannot explain his symptoms from his previous studies will go ahead and get a cervical MRI scan redone and also thoracic MRI scan. Will also get him to be evaluated by Neurology for further consultation. We will plan to follow him; This study is being ordered for a neurological disorder.; April 2017; There has been treatment or conservative therapy.; mid back and low back pain s/p cervical fusion. Weakness in the upper and lower extremities; Physical therapy, EMG/ and ES's as well as surgery since May 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>pt. had surgery 2014, seen Ortho MD, nerve conduction and EMG's done, pt. completed PT and Nsaid; This is a request for 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.</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>severe back pain with radiation to the hips and legs with some problems with constipation and some dysuria. He was recently imaged with an MRI scan of his lumbar spine that revealed an intrathecal mass at the L5 level with components that looked somewhat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>THE DR IS GOING TO CHECK THE STABLE OF THE TYPE 1 CHIARI MALFORMATION AND CHECK AGAIN FOR SYRINGOMYELIA IN HER CERVICAL SPINAL CORD; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.</p>	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.</p>	4
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.</p>	2

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	3
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	11
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	3
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	61
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	21
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Patient with headaches. Found to have Chiari I malformation on MRI of brain. Need MRI cervical spine to rule out syringomyelia and evaluate tonsillar descent.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	10
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	14
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient has done no recent physical therapy or chiropractic treatment but has done acupuncture most recently over 6 months ago	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient has mid/low back pain radiating to her left leg with no specific dermatome distribution that started in mid August. She has tried NSAIDs and chiropractic care with no relief. Her MRI lumbar spine shows some degenerative changes but no significant	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weaker in left arm compared to the right arm, grip strength is weaker on the left. senses diminished in thumb and index finger, disc carination with nerve root compression; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. Weakness of whole left side; numbness of whole left side; difficulty with gate; This study is being ordered for a neurological disorder.; 10/01/2017; There has not been any treatment or conservative therapy.; weakness of whole left side; numbness of whole left side; difficulty with gate; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; pain, numbness, tingling; pt, medications, injections, heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 months ago; There has been treatment or conservative therapy.; back pain, sciatica, weakness, non-ambulatory; injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	7
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/14/2017; There has been treatment or conservative therapy.; Radiculopathy Back pain; Nsaids Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	27 year old male presents with history of intermittent headaches and occasional episodes of deja vu, dizziness which have increased in frequency. He reports suboccipital headaches and pressure that are exacerbated by Valsalva ona daily basis ad can wake h; This study is being ordered for a neurological disorder.; Reported by patient. Duration: 6 years; There has been treatment or conservative therapy.; 27 year old male presents with history of intermittent headaches and occasional episodes of deja vu, dizziness which have increased in frequency. He reports suboccipital headaches and pressure that are exacerbated by Valsalva ona daily basis ad can wake h; Topamax 25 mg tablet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Checking proximal spine for stenosis, patient has had prior neck injury with neck pain, radiation to the head.; This study is being ordered for a neurological disorder.; 12/15/2017; There has been treatment or conservative therapy.; Bilateral lower extremity pain and cramping.; Patient received and Epidural Steroid Injection on 11/28/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Chiari I, IIH, dysautonomia. No hyprmobillity. For Dr grer and Dr. Doyle eval, T/L/S MRI and cine flow then followup; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (06/2017); There has been treatment or conservative therapy.; 29 year old relatively well except maybe clumsy till June when she had sinus infetion followed by severe SO headaches to right Some blurry vision. Headaches exacerbated by Valsalva. Some dizziness near syncope. Tinnitus. No incoordination but poor balance; Medications Reviewed Medications butalbital 50 mg- acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap Take 1 capsule(s) every 4 hours by oral route. 10/12/17 entered Kathy Maxwell Cymbalta 60 mg capsule,delayed release Take 1 capsule(s) every da; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Chiari I. Completion studies and cine flow. May need dysautonomia eval. Follow up after.; This study is being ordered for a neurological disorder.; Duration: 3 years; There has been treatment or conservative therapy.; 27 yo son of a Chiari pateint with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/ back pain, balance issues. MRI shows 5 mm tonsillar herniation C/.W Chiari. Studies not available for review/ only report. No CT/L/S; Medications Reviewed Medications Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension Spray 1 spray(s) every day by intranasal route. 06/08/17 entered Tana Nowlin lisinopril 10 mg tablet Take 1 tablet(s) every day by oral route. 06/08/1; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Chiari I. send for completions and cine flow and revisit. Could be a surgical candidate.; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (2015); There has been treatment or conservative therapy.; 30 year old male works at Middleton heat an air. He has right SO headaches radiating to right eye and top of head exacerbated by bending. vALSALVA. HAS NOT RESPONDED TO A HOST OF HEADACHE INTERVENTIONS. Burning in legs and feet at times. No ear, swallow o; He was referred to us by Dr. David Brown.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>hep no relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing 8 years worsening in the last year; There has been treatment or conservative therapy.; neck and mid back pain; numbness and pain bilateral arms; grip loss; pt; pain management; nsaid therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Here to follow up annually for syrinx. Studies show stable small hydromyelia T/ L/S He reports similar but increased LE symptoms at this time, otherwise stable. Will obtain repeat studies in April to reeval. Continue curent otherwise.; This study is being ordered for a neurological disorder.; Duration: 2 years; There has been treatment or conservative therapy.; 1. Syringomyelia - Mister Ellis presents today and describes a sharp knifelike pain after standing on a ladder and twisting while reaching for something. He reports his pain is worse at night and is in his lower back slightly to the right side. He rates h; Ativan 1 mg tablet&#x0D; Take 1 tab po 30 mins prior to procedure and one time of procedure if needed&#x0D; 12/05/16 prescribed Anthony Capocelli, MD&#x0D; citalopram 40 mg tablet&#x0D; start 12/02/2016&#x0D; 12/02/16 filled Cynthia Richey&#x0D; Dexamilant 60 mg capsule, delayed rel; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.</p>	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>It is not known if the patient is presenting new symptoms.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.</p>	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>Neck Pain &#x0D; Pain location: L side (posterior)&#x0D; Quality: Stabbing and stiffness&#x0D; Stiffness is present: All day&#x0D; Pain radiates to: L shoulder, L arm, L hand and L forearm&#x0D; Pain severity: Moderate&#x0D; Timing: Intermittent&#x0D; Progression: Waxing and waning&#x0D;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; There has been treatment or conservative therapy.; Patient complains of onset of neck pain. She reports at first she had neck pain with shooting pain down inside of left arm with pinky/ring finger numbness. This went away and went to a stabbing pain under her arm and now she is experiencing numbness to co; Ibuprofen&#x0D; muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	neck pain left sided low back pain, worse with activity. LLE Numbness/tingling .  cervicothoracic syrinx confirmed on previous imaging.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	NEW ONSET BUT TRANSIENT NECK PAIN, DR WANT TO DO AN MRI OF THE ENTIRE SPINE FOR FOLLOW-UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHIARI 1 MALFORMATION 1 EPISODE OF NECK PAIN WHICH LASTED 2 WEEKS.; There has not been any treatment or conservative therapy.; CHIARI 1 MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient with history of hemangioblastoma of the brain status post resection. This is a request for spine imaging to evaluate spread to spine. Patient with new onset back pain.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient's back pain in interfering with his abilities to perform his daily ADL's without severe pain and use of pain medicine. It is very painful to sit, walk, ride in a car. It is also affecting his concentration, mood and sleep pattern.; This study is being ordered for trauma or injury.; 11/2016; There has been treatment or conservative therapy.; Sharp shooting, and aching pains in mid and lower back. Also muscle weakness, numbness, and muscle spasms in back.; Injections with no relief, physical therapy, alternating heat and cold packs, acupuncture, bed rest and muscle stimulation.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	progressive myelopathy I cannot explain his symptoms from his previous studies will go ahead and get a cervical MRI scan redone and also thoracic MRI scan. Will also get him to be evaluated by Neurology for further consultation. We will plan to follow him; This study is being ordered for a neurological disorder.; April 2017; There has been treatment or conservative therapy.; mid back and low back pain s/p cervical fusion. Weakness in the upper and lower extremities; Physical therapy, EMG/ and ESI's as well as surgery since May 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pt referred to Dr Raja for neurosurgical evaluation.; 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.; Motor strength was as follows: Right upper extremity; deltoids 4-/5, biceps 4-/5, triceps 4-/5, grasp 4/5; Left upper extremity; deltoids 4-/5, biceps 4-/5, triceps 4-/5, grasp 4/5; Right lower extremity; hip flexors 4+/5, hip extensors 4+/5, knee flexors; The 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	requesting mri's for evaluation for conservative treat or surgery.; This study is being ordered for trauma or injury.; 01/23/2017 - MOTORCYCLE ACCIDENT; There has been treatment or conservative therapy.; limited range of motion of his right shoulder and has some weakness in his upper extremity.; Increasing low back and mid back pain.; PATIENT HAS INJECTIONS AND PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	severe back pain with radiation to the hips and legs with some problems with constipation and some dysuria. He was recently imaged with an MRI scan of his lumbar spine that revealed an intrathecal mass at the L5 level with components that looked somewhat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; 26 YEAR OLD MALE WITH MULTIPLE CONCUSSIONS IN PAST WITH ASSOCIATED CHRONIC HEADACHES HAD HEAD INJURY IN JULY WITH INCREASED HEADACHES TO RIGHT SIDE OF HEAD THAT ARE NOT POSITIONAL. NO VISUAL CHANGE. NO TINNITUS. NO OTORRHOEAL DRAINAGE. NO B. B. ISSUES.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Here to eval neck and Chiari . Patient has cervical disc herniation times toward neck pain with radiculopathy. Low tonsils but no Chiari . Will get completion studies for Chiari and schedule ACDF. Reviewed in detail.; ROS.; Patient reports trouble sleeping but re; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Here to follow up MRIs which show stable postop result with good flow and stable cervical surgery. Persistent but stable collapsed holocord syrinx. At this point she may have IHH issues which I would like to workup to include eye eval and possible LP. Dis; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient's blood was elevated, advised to contact their family physician. old wit onset of so headahces recently exacerbated by Valsalva as well as dixzziness nea syncope, gaitissues, incoordination,pallpitations. Ringing in ears. MRI with low tonsils.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	3
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient has mid/low back pain radiating to her left leg with no specific dermatome distribution that started in mid August. She has tried NSAIDs and chiropractic care with no relief. Her MRI lumbar spine shows some degenerative changes but no significant	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	6
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	5
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	2
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is x-ray or laboratory evidence of osteomyelitis.; The study is being ordered due to known or suspected infection or abscess.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; post op care; The 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; headaches, blurred vision, difficult to swallow, dizziness.; Medications and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; pain, numbness, tingling; pt, medications, injections, heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9 months ago; There has been treatment or conservative therapy.; back pain, sciatica, weakness, non-ambulatory; injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 2017; There has not been any treatment or conservative therapy.; leg pain bilateral radiates to lateral upper thigh tingling in back of calves left arm pain upper bicep and deltoid region feels pinpricks in his arms at times lumbar stenosis bilateral radicular pain in lower extremities new onset of worsening radicular; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	7
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Neck is early 2017 and the back is from surgery on 09/20/2017.; There has been treatment or conservative therapy.; Back is post op eval.  Neck--He also c/o posterior neck pain and left arm pain and lower arm and hand weakness. Onset was "early in 2017". Precipitating cause is unknown. Denies fall, trauma, or injury. No history of neck surgery or left arm surgery. He; Back is post op surgery.  Neck--NSAIDS and therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/14/2017; There has been treatment or conservative therapy.; Radiculopathy Back pain; Nsaids Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	27 year old male presents with history of intermittent headaches and occasional episodes of deja vu, dizziness which have increased in frequency. He reports suboccipital headaches and pressure that are exacerbated by Valsalva ona daily basis ad can wake h; This study is being ordered for a neurological disorder.; Reported by patient. Duration: 6 years; There has been treatment or conservative therapy.;	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	27 year old male presents with history of intermittent headaches and occasional episodes of deja vu, dizziness which have increased in frequency. He reports suboccipital headaches and pressure that are exacerbated by Valsalva ona daily basis ad can wake h; Topamax 25 mg tablet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ABNORMAL LESION FOUND ON LUMBAR MRI W/O CONTRAST. REQUESTING LUMBAR MRI W/CONTRAST ONLY.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back pain,; This study is being ordered for a neurological disorder.; 3/4/2017; There has been treatment or conservative therapy.; neck pain, numbness and weakness in arm, head aches, numbness and weakness in both legs; PT, medications, steroid patch,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chiari I, IIH, dysautonomia. No hyprmobility. For Dr grer and Dr. Doyle eval, T/L/S MRI and cine flow then followup; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (06/2017); There has been treatment or conservative therapy.; 29 year old relatively well except maybe clumsy till June when she had sinus infetion followed by severe SO headaches to right Some blurry vision. Headaches exacerbated by Valsalva. Some dizziness near syncope. Tinnitus. No incoordination but poor balance; Medications Reviewed Medications butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap Take 1 capsule(s) every 4 hours by oral route. 10/12/17 entered Kathy Maxwell Cymbalta 60 mg capsule,delayed release Take 1 capsule(s) every da; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chiari I. Completion studies and cine flow. May need dysautonomia eval. Follow up after.; This study is being ordered for a neurological disorder.; Duration: 3 years; There has been treatment or conservative therapy.; 27 yo son of a Chiari pateint with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/back pain, balance issues. MRI shows 5 mm tonsillar herniation C/.W Chiari. Studies not available for review/ only report. No CT/L/S; Medications Reviewed Medications Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension Spray 1 spray(s) every day by intranasal route. 06/08/17 entered Tana Nowlin lisinopril 10 mg tablet Take 1 tablet(s) every day by oral route. 06/08/1; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chiari I. send for completions and cine flow and revisit. Could be a surgical candidate.; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (2015); There has been treatment or conservative therapy.; 30 year old male works at Middleton heat an air. He has right SO headaches radiating to right eye and top of head exacerbated by bending. vALSALVA. HAS NOT RESPONDED TO A HOST OF HEADACHE INTERVENTIONS. Burning in legs and feet at times. No ear, swallow o; He was referred to us by Dr. David Brown.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	chronic low back pain and RLE radicular symptoms and no imaging 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 weakness.; Neurological: Positive for dizziness, tingling, weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	concerned spinal stenosis due to fusion L5 S1..post laminectomy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CT documents loosening screws at his superior inferior construct will send over for neurosurgical consultation for hardware removal will plan to follow-up postop. Patient was counseled in detail.  a 3 years out from L4-L5 S1 fusion; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	HAD L4/5 HEMILAMINECTOMY SURGERY ON 10/3/17.COULD BE RELATED TO THIS.  SHE IS HAVING FIXED SEVERE NUMBNESS AND PAIN BELOW THE KNEE SINCE SURGERY. DR THINKS IT MAY BE NEURITIS, BUT WANTS TO RULE OUT PERSISTENT COMPRESSION OR A NEW DISC HERNIATION. COULD; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Here to follow up annually for syrinx. Studies show stable small hydromyelia T/ L/S He reports similar but increased LE symptoms at this time, otherwise stable. Will obtain repeat studies in April to reeval. Continue curent otherwise.; This study is being ordered for a neurological disorder.; Duration: 2 years; There has been treatment or conservative therapy.; 1. Syringomyelia - Mister Ellis presents today and describes a sharp knifelike pain after standing on a ladder and twisting while reaching for something. He reports his pain is worse at night and is in his lower back slightly to the right side. He rates h; Ativan 1 mg tablet Take 1 tab po 30 mins prior to procedure and one time of procedure if needed 12/05/16 prescribed Anthony Capocelli, MD citalopram 40 mg tablet start 12/02/2016 12/02/16 filled Cynthia Richey Dexilant 60 mg capsule, delayed rel; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	mild intermittent mechanical back pain without radicular symptoms and CT showing no obvious stenosis, spondylolisthesis, spondylosis, or fractures; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Neck Pain  Pain location: L side (posterior) Quality: Stabbing and stiffness Stiffness is present: All day Pain radiates to: L shoulder, L arm, L hand and L forearm Pain severity: Moderate Timing: Intermittent Progression: Waxing and waning; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; There has been treatment or conservative therapy.; Patient complains of onset of neck pain. She reports at first she had neck pain with shooting pain down inside of left arm with pinky/ring finger numbness. This went away and went to a stabbing pain under her arm and now she is experiencing numbness to co; Ibuprofen muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	neck pain left sided low back pain, worse with activity. LLE Numbness/tingling .  cervicothoracic syrinx confirmed on previous imaging.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	NEW ONSET BUT TRANSIENT NECK PAIN, DR WANT TO DO AN MRI OF THE ENTIRE SPINE FOR FOLLOW-UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHIARI 1 MALFORMATION 1 EPISODE OF NECK PAIN WHICH LASTED 2 WEEKS.; There has not been any treatment or conservative therapy.; CHIARI 1 MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	numbness also; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness right leg and foot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has completed 6 weeks of 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
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is needing an eval for surgery. Last MRI is older than 6 months. Before we are able to refer patient to surgery the patient needs an updated MRI lumbar.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient presents with worsening low back pain and now bowel/bladder dysfunction. Wanting to evaluate for tumor.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient reports 7-8 years of low back pain radiating to his posterolateral right leg. He tried PT in the past with no relief. We will obtain an MRI for further evaluation. We did discuss spinal injections therapies as a possible treatment option depending; The study 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient with history of back surgery, 5/10/2017 , L4/5 minimally invasive Laminotomy, return of back pain with RLE pain that shoots down back of leg to knee. she has tried nsaid/medrol dose pack for the symptoms with no relief. history of synovial cyst , ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient with history of hemangioblastoma of the brain status post resection. This is a request for spine imaging to evaluate spread to spine. Patient with new onset back pain.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient's back pain in interfering with his abilities to perform his daily ADL's without severe pain and use of pain medicine. It is very painful to sit, walk, ride in a car. It is also affecting his concentration, mood and sleep pattern.; This study is being ordered for trauma or injury.; 11/2016; There has been treatment or conservative therapy.; Sharp shooting, and aching pains in mid and lower back. Also muscle weakness, numbness, and muscle spasms in back.; Injections with no relief, physical therapy, alternating heat and cold packs, acupuncture, bed rest and muscle stimulation.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	positive Straight Leg Raise on the right, but negative Straight Leg Raise on the left. Multiple year history of low back and right leg pain starting at the right SI joint and extending into the L5 distribution. Most recent MRI was done July 18, 2016 and sy; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	POST OP AND HAVE SEVERE LEG PAIN NUMBNESS AND BACK PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PRIOR SPINAL SURGERY WA DONE, IT COULD BE A COMPLICATION. HE IS STILL HAVING SEVERE PAIN IN BACK AND LEGS, AND NUMBNESS IN EXTREMITIES. UNABLE TO COMPLETE PHYSICAL THERAPY. DR WANTS TO MAKE SURE HE IS FUSING CORRECTLY; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt had surgery June 27, 2017. Started PT on September 7, 2017 and continuing.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt with progressive back pain and right leg pain. Gabapentin does not help; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	requesting mri's for evaluation for conservative treat or surgery.; This study is being ordered for trauma or injury.; 01/23/2017 - MOTORCYCLE ACCIDENT; There has been treatment or conservative therapy.; limited range of motion of his right shoulder and has some weakness in his upper extremity.; Increasing low back and mid back pain.; PATIENT HAS INJECTIONS AND PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ROM:; Cervical; Range of Motion in the Cervical Spine is full.; Range of Motion of the joints of the Upper Extremity is full without pain.; Lumbar:; Range of motion in the Lumbar Spine:; Flexion: Reduced by 20-30%; Extension: Reduced by 80-90; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; A decision was made to proceed with further diagnostic testing and to order an MRI and plain X-Rays of the Lumbar Spine to review prior to proceeding with the below injections.; This 53 year old female presents with a shocking pain in the right occipital ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	severe back pain with radiation to the hips and legs with some problems with constipation and some dysuria. He was recently imaged with an MRI scan of his lumbar spine that revealed an intrathecal mass at the L5 level with components that looked somewhat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Severe canal stenosis due at L3-4 and L4-5. Possible extruded disk at L3 seen on prior CT Scan; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	slow Gait; The study 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Surgical planning; I think his biggest issue is his low back pain and left leg pain. I feel that this is from the left L5-S1 foramen stenosis. A decision was made to proceed with an SNRB at L5-S1 on the left. A decision was also made to proceed with fur; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh. The pain is at a severity of 8/10. The pain is severe. The symptoms are aggravated by position, standing, sitting and coughing (walking). Associated symptom; This study is being ordered for a neurological disorder.; more than 1 year ago; There has been treatment or conservative therapy.; The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh.; analgesics, heat, muscle relaxant, physical therapy, NSAIDs and injection for the symptoms. The treatment provided no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	10
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	5
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	3
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	7
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	3
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	4
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	3
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	150
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	12
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	4
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	74
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This 45 year old male presents with low back pain.He complains of numbness and tingling in the left side of his back. He states the pain began three years ago after falling from a roof and worsened two months ago. He also complains of neck pain that radia; The study 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.; Motor Exam:; Cervical:; Elbow Flexion (Biceps) Right 5/5 Left 5/5; Elbow Extension (Triceps) Right 5/5 Left 5/5; Shoulder Abduction (Deltoids) Right 5/5 Left 5/5; Median Innervated Intrinsic Hand Function Right 5/5 Left 5/5; Ulnar Innervated Intrinsic	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This is a very difficult case. Patient has low back pain for 8-9 years worse over the last 2-3 months. He also has right leg pain. His MRI si difficult to interpret but there are severe changes at L4-S1. He is a poor historian but denies drug use or cance; The study 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; headaches, blurred vision, difficult to swallow, dizziness.; Medications and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72159 MRA, MRI ANGIOGRAPHY SPINAL CANAL & CONTENTS WITH / WITHOUT CONTRAST	This is a request for a spinal canal/contents MR Angiography.	1
Neurological Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	post-op eval; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient presents with worsening low back pain and now bowel/bladder dysfunction. Wanting to evaluate for tumor.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Neurological Surgery	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/29/2017; There has been treatment or conservative therapy.; She presents with a complaint of progressive problems with both upper extremities with the left being worse than the right. She notes that she'll have fatigue in her arms and numbness in her fingers if she uses her hands above her; She has had PT, NSAIDS, muscle relaxer, and 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	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Cspine has neurological disorder; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Neurological Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2
Neurological Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1

Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	requesting mri's for evaluation for conservative treat or surgery.; This study is being ordered for trauma or injury.; 01/23/2017 - MOTORCYCLE ACCIDENT; There has been treatment or conservative therapy.; limited range of motion of his right shoulder and has some weakness in his upper extremity.; Increasing low back and mid back pain.; PATIENT HAS INJECTIONS AND PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	2
Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; It is not known if there is documented findings of delayed healing.; There are no documented physical or plain film findings of prosthetic device dislocation.; 2 weeks post-op: C4-6 ACDF.; She states that she continues to have some right arm pain and some posterior neck pain.; If no improvement then we may need to move forward with an MRI of the shoulder. ; Oral steroids did not help and her right shoulder and ar This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1
Neurological Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Neurological Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1

Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	3
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	2
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Neurological Surgery	Disapproval	0042T Ct perfusion w/contrast, cbf	Radiology Services Denied Not Medically Necessary	This is a request for Cerebral Perfusion CT.	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	migraine headaches, neck pain, and low back pain with bilateral LE radicular symptoms and imaging showing mild degenerative changes in the cervical spine and spina bifida related developmental changes in the lumbar spine. need to evaluate for spondylitic ; This study is being 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.; 51yo F with migraine headaches, neck pain, and low back pain with bilateral LE radicular symptoms and imaging showing mild degenerative changes in the cervical spine and spina bifida related developmental changes in the 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	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD 70496 CT ANGIOGRAPHY HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2
Neurological Surgery	Disapproval	W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurological Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck. PATIENT HAS VP SHUNT IN BRAIN PLACED R/T TUBEROUS SCLEROSIS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	2
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is 3 months post spinal surgery. Pt did have complications during and after surgery. Symptoms were sudden onset.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Right side muscle weakness, numbness, tingling and pain. Pt has regressed in his physical therapy. Pt has lost some of his ability to ambulate.; 6 weeks of physical therapy and conservative medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh. The pain is at a severity of 8/10. The pain is severe. The symptoms are aggravated by position, standing, sitting and coughing (walking). Associated symptom; This study is being ordered for a neurological disorder.; more than 1 year ago; There has been treatment or conservative therapy.; The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh.; analgesics, heat, muscle relaxant, physical therapy, NSAIDs and injection for the symptoms. The treatment provided no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4
Neurological Surgery	Disapproval	71250 CT CHEST, THORAX 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal x-ray; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain after amv accident. wearing cervical collar, has headaches, x rays were done; 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. PATIENT IS POSITIVE FOR WEAKNESS AND NUMBNESS HAS LIMITED RANGE OF MOTION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; PATIENT IS HAVING LEFT SIDE NECK AND SHOULDER PAIN, INCREASING LEFT ARM PAIN WITH NUMBNESS AND WEAKNESS.   ALSO HAVING INCREASING LOW BACK PAIN THAT RADIATES TO THE RIGHT HIP AND THIGH WITH NUMBNESS AND TINGLING WITH LIMITED ROM WITH LEG AND FOOT.; PATIENT HAS BEEN TAKING MEDICATION AND HAS BEEN WORKING WITH PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for staging.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There is a known condition of tumor.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	2
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS POSITIVE FOR WEAKNESS AND NUMBNESS HAS LIMITED RANGE OF MOTION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; PATIENT IS HAVING LEFT SIDE NECK AND SHOULDER PAIN, INCREASING LEFT ARM PAIN WITH NUMBNESS AND WEAKNESS.   ALSO HAVING INCREASING LOW BACK PAIN THAT RADIATES TO THE RIGHT HIP AND THIGH WITH NUMBNESS AND TINGLING WITH LIMITED ROM WITH LEG AND FOOT.; PATIENT HAS BEEN TAKING MEDICATION AND HAS BEEN WORKING WITH PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		4

Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in arms and previous cord contusion; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/01/2017; There has been treatment or conservative therapy.; pain, numbness, tingling in digits, right arm pain, right side and back pain; epidural injections, oral 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
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/09/2016; There has been treatment or conservative therapy.; neck and back pain, bilateral arm pain, right leg pain; PT, oral medications, hydrocodone and flexeril, 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-1-2017; There has been treatment or conservative therapy.; Neck pain, lower back pain, thoracic spine pane; Consultation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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.; neck, arm, back, and leg pain, lumbar spondylosis, axial back pain radiating to bilateral buttock, transient numbness in bilateral legs, numbness and tingling, r/o central canal 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
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Upper and lower left sided; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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.; Sensory exam of the right side demonstrates C5 sensory impairment. Sensory exam of the left side demonstrates C6 sensory impairment, C7 sensory impairment and C8 sensory impairment, but no C5 sensory impairment. Special Tests: negative Spurling's Maneuver	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits. continued s/s, no improvement with conservative measures, with no recent imaging.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OVER A YEAR AGO; There has been treatment or conservative therapy.; neck pain middle back pain in between shoulder blades left arm pain  bilateral shoulder pain numbness/tingling left fingers weakness left arm; Physical therapy, ice/heat, ns aids, otc medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	EVALUATION FOR SURGERY OR CONSERVATIVE TREATMENT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/13/17; There has been treatment or conservative therapy.; INCREASING CERVICAL PAIN WITH BILATERAL ARM PAIN NUMBNESS AND WEAKNESS AND MID/LOW BACK PAIN WITH INCREASING BIALTERAL LEG PAIN.; MEDICATION AND PHYSICAL THERAPY AND INJECTIONS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He also complains of worsening neck pain. He also says that he has pain in his arms right worse than left and headaches that he feels are related to his neck.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; migraine headaches, neck pain, and low back pain with bilateral LE radicular symptoms and imaging showing mild degenerative changes in the cervical spine and spina bifida related developmental changes in the lumbar spine. need to evaluate for spondylitic ; This study is being 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.; 51yo F with migraine headaches, neck pain, and low back pain with bilateral LE radicular symptoms and imaging showing mild degenerative changes in the cervical spine and spina bifida related developmental changes in the 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no recent imaging,  xrays show no significant findings patient c/o pain after having some conservative treatment; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years ago, no date; There has been treatment or conservative therapy.; neck pain, bilateral shoulder pain, bilateral hand numbness/tingling pain between shoulders; nsuids, oral narcotics, muscle relaxants PT, previous back surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Pt is 3 months post spinal surgery. Pt did have complications during and after surgery. Symptoms were sudden onset.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Right side muscle weakness, numbness, tingling and pain. Pt has regressed in his physical therapy. Pt has lost some of his ability to ambulate.; 6 weeks of physical therapy and conservative medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Pt referred for neurosurgical 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.; Motor strength as follows: Right and left upper extremity - deltoids,biceps,triceps 4-/5, grasp 4/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>severe degenerative changes in c4, c5, c6; 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.</p>	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Tenderness and spasm and decreased range of motion for neck and back.; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; Constant back pain, aching and burning radiating to left foot and left thigh. Worsening at night, leg pain, numbness, tingling and weakness. Neck pain radiates down left shoulder and left scapula, stiffness, numbness and weakness. Described as stabbing p; Physical therapy and muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh. The pain is at a severity of 8/10. The pain is severe. The symptoms are aggravated by position, standing, sitting and coughing (walking). Associated symptom; This study is being ordered for a neurological disorder.; more than 1 year ago; There has been treatment or conservative therapy.; The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh.; analgesics, heat, muscle relaxant, physical therapy, NSAIDs and injection for the symptoms. The treatment provided no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This 48 year old female presents with neck pain and interscapular pain. She denies any radicular pain. She also complains of associated headaches. She has numbness and tingling in her fingers bilaterally. She states the pain began in 2009 and has worsened; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	2
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-Ray The decision was made to obtain a full series of X-rays (AP,lateral,flexion,and extension) of the cervical spine My personal reading and interpretation of this study shows:  1.Degenerative changes, worse at C5-7, where it is mild-moderate  A d; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has chronic neck pain and about 1 year of left posterior arm pain. He has tried NSAIDs without relief. He did chiropractic care many years ago without relief. We will start PT and try to obtain an MRI of the cervical spine.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; 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.</p> <p>continued s/s, no improvement with conservative measures, with no recent imaging.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OVER A YEAR AGO; There has been treatment or conservative therapy.; neck pain&#x0D; middle back pain in between shoulder blades&#x0D; left arm pain &#x0D; bilateral shoulder pain&#x0D; numbness/tingling left fingers&#x0D; weakness left arm; Physical therapy, ice/heat, ns aids, otc medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>no recent imaging, &#x0D; xrays show no significant findings&#x0D; patient c/o pain after having some conservative treatment; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years ago, no date; There has been treatment or conservative therapy.; neck pain, bilateral shoulder pain, bilateral hand numbness/tingling&#x0D; pain between shoulders; ns aids, oral narcotics, muscle relaxants&#x0D; PT, previous back surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Patient has had physical therapy and Nsaids.; 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.; Subject: Chart Note: Spoke with patient&#x0D; &#x0D; I spoke with Mr. Sluder today regarding his lumbar and thoracic pain. He states the lower back and thoracic pain are constant which he rates a 5-6/10 without pain medication. He denies radicular pain or any other; The patient does not have a new foot drop.; It is unknown if there is recent evidence of a thoracic spine fracture.</p> <p>Pt is 3 months post spinal surgery. Pt did have complications during and after surgery. Symptoms were sudden onset.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Right side muscle weakness, numbness, tingling and pain. Pt has regressed in his physical therapy. Pt has lost some of his ability to ambulate.; 6 weeks of physical therapy and conservative medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has had physical therapy and Nsaids.; 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.; Subject: Chart Note: Spoke with patient&#x0D; &#x0D; I spoke with Mr. Sluder today regarding his lumbar and thoracic pain. He states the lower back and thoracic pain are constant which he rates a 5-6/10 without pain medication. He denies radicular pain or any other; The patient does not have a new foot drop.; It is unknown if there is recent evidence of a thoracic spine fracture.</p> <p>Pt is 3 months post spinal surgery. Pt did have complications during and after surgery. Symptoms were sudden onset.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Right side muscle weakness, numbness, tingling and pain. Pt has regressed in his physical therapy. Pt has lost some of his ability to ambulate.; 6 weeks of physical therapy and conservative medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has had physical therapy and Nsaids.; 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.; Subject: Chart Note: Spoke with patient&#x0D; &#x0D; I spoke with Mr. Sluder today regarding his lumbar and thoracic pain. He states the lower back and thoracic pain are constant which he rates a 5-6/10 without pain medication. He denies radicular pain or any other; The patient does not have a new foot drop.; It is unknown if there is recent evidence of a thoracic spine fracture.</p> <p>Pt is 3 months post spinal surgery. Pt did have complications during and after surgery. Symptoms were sudden onset.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Right side muscle weakness, numbness, tingling and pain. Pt has regressed in his physical therapy. Pt has lost some of his ability to ambulate.; 6 weeks of physical therapy and conservative medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh. The pain is at a severity of 8/10. The pain is severe. The symptoms are aggravated by position, standing, sitting and coughing (walking). Associated symptom; This study is being ordered for a neurological disorder.; more than 1 year ago; There has been treatment or conservative therapy.; The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh.; analgesics, heat, muscle relaxant, physical therapy, NSAIDs and injection for the symptoms. The treatment provided no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait. The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to pre-operative evaluation.; thoracic back pain and T10 sensory level and imaging showing thoracic HD at T12-L1 and T10-12	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient c/o mid to lower back pain radiating down to his left lower extremity. He also has LLE weakness and numbness. MRI lumbar spine done showed central canal narrowing at the T10-T11 with cord flattening.ter Additional Clinical Information; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/01/2017; There has been treatment or conservative therapy.; pain, numbness, tingling in digits, right arm pain, right side and back pain; epidural injections, oral 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
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/09/2016; There has been treatment or conservative therapy.; neck and back pain, bilateral arm pain, right leg pain; PT, oral medications, hydrocodone and flexeril, 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-1-2017; There has been treatment or conservative therapy.; Neck pain, lower back pain, thoracic spine pane; Consultation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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.; neck, arm, back, and leg pain, lumbar spondylosis, axial back pain radiating to bilateral buttock, transient numbness in bilateral legs, numbness and tingling, r/o central canal 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
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; I spoke with Mr. Sluder today regarding his lumbar and thoracic pain. He states the lower back and thoracic pain are constant which he rates a 5-6/10 without pain medication. He denies radicular pain or any other associated symptoms. He states he is not c; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	6

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	61 year old male presents with low back pain that radiates to his posterior left leg to his knee. He denies any right leg pain. He complains of numbness and tingling in his left foot. ; He states that he completed a round of physical therapy with mild ; 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
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Continued pain with treatment; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is still experiencing low back and hip pain with radicular symptoms, has exhausted almost all conservative measures with several rounds of PT and lumbar epidural steroid injections.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. en months out from severe motor vehicle accident with loss of consciousness with persistent neck and back pain. Noted to have minor fractures of the neck and back at that time. Continues to be plagued with severe neck and back pain. We will get involved w; This study is being ordered for trauma or injury.; Feb. 2017; There has been treatment or conservative therapy.; Was dx with cervical fx, maybe some hairline fx in the low back. ; Cont w neck pain to the right shoulder/scap/trap area. Has some days he cant even lift his arm. Right arm pain and numbness to the fingertips. Wakes up with his arm being dead asleep. Head; Clycobenzaprine, Gabapentin, Tramadol, Trazodone.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LBP Patient presents today stating that he has had a 6-8 month history of left low back and buttock pain extending into the posterior leg stopping in the calf. He notes numbness and tingling in the same area. He states his pain is a burning sensation with; The study 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 lateral flexion was not restricted and was painful. Right lateral flexion was not restricted and was painful. Special Tests: positive Straight Leg Raise on the left and positive Contralateral Straight Leg Raise on the right.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. Humphrey called today about her pain she has been experiencing. She states her pain is to left lower back radiating to her hip and left posterior leg. She states the pain is only present when up walking or with certain positional movements while in be; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms.Bryant complains of constant bilateral low back and upper hip pain. She describes the pain as a stabbing, electrical feeling that is a 10/10 on the pain scale. She also complains of some right leg pain but states that her back pain is worse. She denies; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain and weakness in the right lower extremity pain is 6/10; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right 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
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient returns to clinic with complaints of worsening low back pain. She reports onset a few months ago and reports worsening while doing any kind of housework. She reports rest helps some and is taking diclofenac that provides mild relief. She reports p; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient's main complaint is right leg pain with N/T in no specific dermatomal distribution for over 9 months. Her prior MRI is more than 9 months old and is of very poor quality. We will obtain a new MRI in a closed magnet for further review. If this is n; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is 3 months post spinal surgery. Pt did have complications during and after surgery. Symptoms were sudden onset.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Right side muscle weakness, numbness, tingling and pain. Pt has regressed in his physical therapy. Pt has lost some of his ability to ambulate.; 6 weeks of physical therapy and conservative medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt referred for neurosurgical evaluation. New MRI needed to assess possible need for 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 than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She states that in January 2017 she began having severe low back pain. She states that the pain has gotten so severe at times that it was difficult for her to get out of bed and ambulate. She denies any radiating leg pain but states that her legs "buckle ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	surgery june 2017; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tenderness and spasm and decreased range of motion for neck and back.; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; Constant back pain, aching and burning radiating to left foot and left thigh. Worsening at night, leg pain, numbness, tingling and weakness. Neck pain radiates down left shoulder and left scapula, stiffness, numbness and weakness. Described as stabbing p; Physical therapy and muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	5
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	2
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; 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	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 10/01/2017; There has not been any treatment or conservative therapy.; Sharp lbp; progressing into rt buttock and down into rt leg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	bilateral hip pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Neurological Surgery	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Neurological Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with a history of kidney disease with pelvic and low back pain.; This study is being ordered for a neurological disorder.; 9/27/2017; There has been treatment or conservative therapy.; Low Back pain/pelvic pain; Exercise/pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology < Enter answer here - or Type In Unknown If No Info Given. > This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; There is another reason why an MRI is not being considered; MD ordered CT.; This is NOT a Medicare member.	1
Neurology	Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; There is another reason why an MRI is not being considered; Facial weakness,Memory loss. Cold intolerance,He does have a lot of brain fog and fatigue,R29.810 Facial weakness,left facial drooping,r/o: cva	1
Neurology	Approval	70450 CT BRAIN, HEAD		cerebral aneurysm, seizures; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Neurology	Approval	70450 CT BRAIN, HEAD		chronic headaches; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Neurology	Approval	70450 CT BRAIN, HEAD		migraines.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Neurology	Approval	70450 CT BRAIN, HEAD		Ms. Melanie McGarity is now a 38 year old right handed Caucasian female who has been referred to me for evaluation and management of seizure-like spells which occurred 3 years ago. She was sitting upright leaning over a chair while she was getting a tattoo; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1

Neurology	Approval	70450 CT BRAIN, HEAD	Patient has been diagnosed with peripheral neuropathy, Lumbar puncture has been ordered to rule out chronic inflammatory demyelinating polyneuropathy. The radiologist requires a CT of the head be done prior to the lumbar puncture; 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
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	7
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Evaluation of known or suspected CSF (cerebrospinal fluid) leak best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.	1
Neurology	Approval	70450 CT BRAIN, HEAD	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
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	2
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	3
Neurology	Approval	70450 CT BRAIN, HEAD	Unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication, and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/12/2017; There has not been any treatment or conservative therapy.; Migraine, Loss of consciousness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2011; It is not known if there has been any treatment or conservative therapy.; Tremors since 2011, vertical double vision, mild eye droop when vision changes. symptoms fluxuate. Ruling out vascular cause from carotid aretery dissection. MG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	; This study is being ordered for a neurological disorder.; 6+ months ago; There has been treatment or conservative therapy.; Review of Systems  Eyes: Positive for visual disturbance. Musculoskeletal: Positive for gait problem.  Neurological: Positive for dizziness, weakness and headaches.  Disoriented; This is a patient I have seen before with vertebral dissection and a right cerebellar infarct. He was placed on Coumadin for six-plus months, at the end of which he had a four vessel arteriogram and an MRI. The four vessel arteriogram was done on 02/28/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	; 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	3
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; TIA; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; weakness; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Continued word finding difficulties; This study is being ordered for a neurological disorder.; 09/15/17 - patient admitted to hospital; There has been treatment or conservative therapy.; ; Describe treatment / MRI imaging of the brain, echocardiogram and carotid Doppler. Started on ASA 325mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Evaluate for intracranial stenosis and intracranial AVM; This study is being ordered for a neurological disorder.; 06/28/2017; There has not been any treatment or conservative therapy.; Pulsatile tinnitus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	has been having dizzy spells for the past 2-3 years. Got was recently. In the last 6 months he had 4 spells. In one of the spells he was driving the car and he blacked out. He was with his wife. He blacked out for 15 seconds. He measured he came out of it; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 YEARS AGO, IN THE LAST 6 MONTHS HAS HAD 4 SPELLS; It is not known if there has been any treatment or conservative therapy.; HAVING DIZZY SPELLS AND BLACKING OUT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Headache chronic problem. The current episode started more than 1 year ago. Started last March, most recent episode was last week. The pain is located in the occipital region. Loss of Consciousness. This is a chronic problem. The current episode started m; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	MRI of the Brain on 9/25/17 Showed no acute intracranial findings. Probable small arachnoid cyst in the Left posterior fossa. Reviewed test results with patient. In order to rule out any vascular insufficiency I will order an CTA of the head and neck. Thi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	patient has a medical history of stroke, TIA, and Carotid occlusion and stenosis; This study is being ordered for a neurological disorder.; 3/7/2016; There has been treatment or conservative therapy.; Patients wife stated that patient became temporarily unresponsive, and stated that his eyes started drooping. Described the left side of his face as "drawn up"; patient was started on a daily Aspirin regimen along with Plavix. Previous CTA imaging, done in March 2016, showed carotid artery occlusion as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Patient with right sided weakness Numbness on right side of face Memory loss Episodes of syncope; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; It is not known if there has been any treatment or conservative therapy.; TIA Syncope weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	posterior circulation stroke; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Right sided stenosis; This study is being ordered for a neurological disorder.; @ 10/16/2017; It is not known if there has been any treatment or conservative therapy.; Vertigo, Headache, numbness and involuntary movement left face; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	She was admitted to hospital with transient lower extremity weakness . CT imaging of the brain did not show evidence of acute findings. CTA of the head and neck suggested a left external carotid artery thrombus. Anticoagulation is not recommended. She; This study is being ordered for Vascular Disease.; 11/15/2017; There has been treatment or conservative therapy.; Hospital follow up for bilateral lower extremity numbness, weakness worse LLE than RLE.; Was evaluated with PT and medication therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	The current episode started more than 1 year ago the problem occurs constantly. The problem has been unchanged. Associated symptoms include chills a fever, joint swelling, Unable to walk without assistance falling foot drop Tingling. The symptoms are aggr; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	This 61 year old female presents for syncope.  History of Present Illness: 1. syncope  61 year old right handed woman with no significant PMH and no history of collapse, who was well until 8/21/2017 when she was at home following a full day of acti; This study is being ordered for a neurological disorder.; 08/21/2017; There has been treatment or conservative therapy.; passing out unresponsive  no memory of event; eeg, echo, mri, 24 hour holter, bp monitoring, glucose monitoring; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	unknown; This study is being ordered for a neurological disorder.; 11/16/2017; There has been treatment or conservative therapy.; gait, lower extremity weakness and numbness, headache.; ekg done, medication, diet ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Unknown; This study is being ordered for a neurological disorder.; October, 2017 - developed acute headache, dizziness and fatigue. MRI ordered, abnormal.; It is not known if there has been any treatment or conservative therapy.; headaches, dizziness, fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the brain.	15

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication, and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2011; It is not known if there has been any treatment or conservative therapy.; Tremors since 2011, vertical double vision, mild eye droop when vision changes. symptoms fluxuate. Ruling out vascular cause from carotid aretery dissection. MG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	.; This study is being ordered for a neurological disorder.; 6+ months ago; There has been treatment or conservative therapy.; Review of Systems  Eyes: Positive for visual disturbance. Musculoskeletal: Positive for gait problem.  Neurological: Positive for dizziness, weakness and headaches.  Disoriented; This is a patient I have seen before with vertebral dissection and a right cerebellar infarct. He was placed on Coumadin for six-plus months, at the end of which he had a four vessel arteriogram and an MRI. The four vessel arteriogram was done on 02/28;/ One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	; 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	3
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; TIA; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; weakness; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Continued word finding difficulties; This study is being ordered for a neurological disorder.; 09/15/17 - patient admitted to hospital; There has been treatment or conservative therapy.; ; Describe treatment / MRI imaging of the brain, echocardiogram and carotid Doppler. Started on ASA 325mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Evaluate for intracranial stenosis and intracranial AVM; This study is being ordered for a neurological disorder.; 06/28/2017; There has not been any treatment or conservative therapy.; Pulsatile tinnitus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	has been having dizzy spells for the past 2-3 years. Got was recently. In the last 6 months he had 4 spells. In one of the spells he was driving the car and he blacked out. He was with his wife. He blacked out for 15 seconds. He measured he came out of it; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 YEARS AGO, IN THE LAST 6 MONTHS HAS HAD 4 SPELLS; It is not known if there has been any treatment or conservative therapy.; HAVING DIZZY SPELLS AND BLACKING OUT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Headache chronic problem. The current episode started more than 1 year ago. Started last March, most recent episode was last week. The pain is located in the occipital region. Loss of Consciousness. This is a chronic problem. The current episode started m; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	MRI of the Brain on 9/25/17 Showed no acute intracranial findings. Probable small arachnoid cyst in the Left posterior fossa. Reviewed test results with patient. In order to rule out any vascular insufficiency I will order an CTA of the head and neck. Thi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	patient has a medical history of stroke, TIA, and Carotid occlusion and stenosis; This study is being ordered for a neurological disorder.; 3/7/2016; There has been treatment or conservative therapy.; Patients wife stated that patient became temporarily unresponsive, and stated that his eyes started drooping. Described the left side of his face as "drawn up"; patient was started on a daily Aspirin regimen along with Plavix. Previous CTA imaging, done in March 2016, showed carotid artery occlusion as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Patient with right sided weakness Numbness on right side of face Memory loss Episodes of syncope; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; It is not known if there has been any treatment or conservative therapy.; TIA Syncope weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	posterior circulation stroke; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Right sided stenosis; This study is being ordered for a neurological disorder.; @ 10/16/2017; It is not known if there has been any treatment or conservative therapy.; Vertigo, Headache, numbness and involuntary movement left face; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	She was admitted to hospital with transient lower extremity weakness . CT imaging of the brain did not show evidence of acute findings. CTA of the head and neck suggested a left external carotid artery thrombus. Anticoagulation is not recommended. She; This study is being ordered for Vascular Disease.; 11/15/2017; There has been treatment or conservative therapy.; Hospital follow up for bilateral lower extremity numbness, weakness worse LLE than RLE.; Was evaluated with PT and medication therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	The current episode started more than 1 year ago the problem occurs constantly. The problem has been unchanged. Associated symptoms include chills a fever, joint swelling, Unable to walk without assistance falling foot drop Tingling. The symptoms are aggr; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	This 61 year old female presents for syncope.  History of Present Illness: 1. syncope  61 year old right handed woman with no significant PMH and no history of collapse, who was well until 8/21/2017 when she was at home following a full day of acti; This study is being ordered for a neurological disorder.; 08/21/2017; There has been treatment or conservative therapy.; passing out unresponsive  no memory of event; eeg, echo, mri,24 hour holter, bp monitoring, glucose monitoring; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	unknown; This study is being ordered for a neurological disorder.; 11/16/2017; There has been treatment or conservative therapy.; gait, lower extremity weakness and numbness, headache.; ekg done, medication, diet ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Unknown; This study is being ordered for a neurological disorder.; October, 2017 - developed acute headache, dizziness and fatigue. MRI ordered, abnormal.; It is not known if there has been any treatment or conservative therapy.; headaches, dizziness, fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the Neck.	8
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/2014; It is not known if there has been any treatment or conservative therapy.; Wernicke encephalopathy, vomiting, double vision, gait, ataxia, mild memory 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
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	HPI Early Sept 2017 Dim vision 50% x 1wk. Consulted on 2nd day Optometrist: dx optic neuritis, f/u with PCP Vision back to usual after 1 wk of change in vision ROS: sensation of head "bobbing" like everything's rising up intermittently "HA inside of; This study is being ordered for a neurological disorder.; Early Sept 2017; There has not been any treatment or conservative therapy.; Mr. Scott R Hammond is a 37 y.o. male with an episode of "optic neuritis", during which his vision went dim for 1 week. He isn't sure which eye, thinks it was both eyes. No tests were done, but he thinks that his color vision was affected. He is back to ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	OPTIC NEURITIS,RIGHT EYE VISION LOSS,1. Consult  Woman with right eye vision loss. Woke up 6d/a c R eye yellowish scotoma that evolved over hours into a gray scotoma in center. Can see some colors in periphery. Painless. L eye ok. No past h/o this; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Patient with MS and BIH with recent new MS activity but also abnormal MRI brain. Evaluate abnormal MRI and BIH with continued symptoms of vision change; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1

Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	positive pulsatile tinnitus; This study is 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 1/2 weeks ago; There has not been any treatment or conservative therapy.; photophobianausea.....headaches.....pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI; There is not a history of orbit or face trauma or injury. There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 Years Ago; There has been treatment or conservative therapy.; Severe Headaches, Weakness, Numbness.; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; headaches weakness numbness dizziness; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for a neurological disorder.; march 2017; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70544 Mr angiography head w/o dye	DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; This study is being ordered for Vascular Disease.; DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; There has been treatment or conservative therapy.; DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70544 Mr angiography head w/o dye	had an episode of severe headache associated with severe hypertension last month continued memory loss He had an episode of facial weakness 4-5 years ago that was attributed to a stroke, but did not have weakness anywhere else, and no evidence of stroke ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Neurology	Approval	70544 Mr angiography head w/o dye	Headaches; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70544 Mr angiography head w/o dye	Reoccurrences CVA.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70544 Mr angiography head w/o dye	syncopal episodes; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1
Neurology	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	9
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	2
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	9
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Neurology	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient has a known aneurysm.	2
Neurology	Approval	70544 Mr angiography head w/o dye	Unknown; This study is being ordered for a neurological disorder.; 01/01/17; There has been treatment or conservative therapy.; Unknown; Patient has had steroid therapy. Currently on pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70544 Mr angiography head w/o dye	unknown; This study is being ordered for a neurological disorder.; 10/24/2017; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70544 Mr angiography head w/o dye	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2017; There has been treatment or conservative therapy.; headaches, extremity weakness, leg and body pain, migraines, numbness, dizziness ;, medication,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70544 Mr angiography head w/o dye	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2017; There has not been any treatment or conservative therapy.; R/O blood vessel abnormality; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70547 Mr angiography neck w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	39-year-old gentleman presents with episodes of right facial numbness. He has had 2 spells that he describes as being the most severe. The most recent one was a couple of weeks ago. They lasted about an hour and about 30 minutes respectively. Right fa; This is a request for a Neck MR Angiography.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; It is unknown if the patient had an ultrasound (doppler) of the neck or carotis arteries.; The patient does not have carotid (neck) artery surgery.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	Headaches; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	syncopal episodes; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Neck MR Angiography.	3
Neurology	Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has not had an abnormal ultrasound of the neck.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient has a known aneurysm.	2

Neurology	Approval	70547 Mr angiography neck w/o dye	This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery. unknown; This study is being ordered for a neurological disorder.; 10/24/2017; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70547 Mr angiography neck w/o dye		1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/2017; There has been treatment or conservative therapy.; Patients has abnormal movements, confusion, weakness, memory loss, stiffness, falling, seizures.; Patient had nerve ablations done. Did not help. Had PT and did not help.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/27/2017; There has been treatment or conservative therapy.; dizziness, headache.; Keppra; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/12/2017; There has not been any treatment or conservative therapy.; Migraine, Loss of consciousness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11-29-2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 Years Ago; There has been treatment or conservative therapy.; Severe Headaches, Weakness, Numbness.; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2015; There has not been any treatment or conservative therapy.; Numbness in legs, tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 5 years; There has been treatment or conservative therapy.; mbr has pain; oral meds and home PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; October 2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Neck surgery in 2012. PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; headaches weakness numbness dizziness; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/12/2016; There has been treatment or conservative therapy.; left thigh weakness; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2015; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/2014; It is not known if there has been any treatment or conservative therapy.; Wernicke encephalopathy, vomiting, double vision, gait, ataxia, mild memory 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</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; for about 3 months; There has been treatment or conservative therapy.; COUGHING , clearing of throat Globus sensation, severe reflux; ER VISITS , MEDICAL VISITS specialist patient had EGD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>*ha &#x0D; The patient returns for her migraines. She says the Topamax is no longer helpful. She also does not find the Maxalt helpful. She denies that her headaches have changed in quality but are occurring more frequently. She says she doesn't sleep wel; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; He reports that he feels as though he has "lost muscle" since his last visit and feels that he is just not as strong as he used to be. He is noticing that he is not able to lift as much weight as he had in the past when working out. Has occasional twitchi; After intial diagnosis recieved 3 days of IV solumedrol, started Copaxone in 2012 but was discontinued due to severe viral infections. He is currently not on treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	11
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; about 1 year ago which would be 2016; It is not known if there has been any treatment or conservative therapy.; She reports having had 2 episodes of unusual near syncope events that have occurred approximately one year apart. The first episode was in September 2016 and then a second episode in September 2017. She states that the events start with feeling a pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; march 2017; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; Myopathy insignificant lesionos; Post treatment solu-medrol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Ms.West is a 38 y.o. Caucasian female who presents to the neurology clinic at the request of Dr.Kaur for evaluation of episodes of facial numbness, muscle twitching, and slurred speech. The patient reports several other neurological complaints as well. Sh; There has been treatment or conservative therapy.; facial numbness, muscle twitching, and slurred speech. The patient reports several other neurological complaints as well. She states that symptoms started with significant pain in her muscles in her shoulders which she thought was related to arthritis, be; patient has been taking prednisone, hydroxychloroquine, flexeril&#x0D; amitriptyline; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>1. *ha &#x0D; The patient presents with a history of headache which she says she has had continuously for 92 days. She denies any history of fevers or chills or head or neck injury. She says the headaches are holoacranial and often associated with nausea a; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 10/23/2017&#x0D; 1. *dizziness &#x0D; The patient presents with a history of feeling dizziness since may this year. She says that she has a feeling of lightheadedness which initially was more prominent when she would stand up quickly. She denied any vertigo or ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>39 year old woman with neck and left arm pain. Previous EMG demonstrated evidence of a mild left C7 radiculopathy. This was not seen on her EMG today, which was a normal study. I think most of her neck pain is due to muscle spasm, which may also be trigg; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>39 year old woman with neck and left arm pain. Previous EMG demonstrated evidence of a mild left C7 radiculopathy. This was not seen on her EMG today, which was a normal study. I think most of her neck pain is due to muscle spasm, which may also be trigg; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	39-year-old gentleman presents with episodes of right facial numbness. He has had 2 spells that he describes as being the most severe. The most recent one was a couple of weeks ago. They lasted about an hour and about 30 minutes respectively. Right fa; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	39-year-old gentleman with a chest fullness and pain. Worsens when he sits down or exercises. One thing that has not been looked at is any demyelinating disease in the cervical spine or the brain. I will start there diagnostically.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	39-year-old lady with a concussion and incidentally found Chiari malformation. Repeat MRI to look for movement in the Chiari.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	39-year-old presents with EMS. She was diagnosed 5 years ago at UCLA. I reviewed her MRI from that time. There were fairly large areas in the right cerebellum and pons. Other lesions seen in the splenium of the corpus callosum as well as the higher sub; This study is being ordered for a neurological disorder.; 2012; It is not known if there has been any treatment or conservative therapy.; With her first ever attack she start having right-sided weakness slurred speech and vertigo She has continued right-sided weakness. Numbness in the fourth and fifth digit on the right side. On the left side for about the past week she has had numbness 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	56-year-old lady presents with memory loss. She reported memory loss for about 3-4 years but states that it is worse recently. She describes short-term and long-term memory loss. She has to retrace her steps. She forgets conversations. She has diffic; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Abnormal brain scan, History / Dx: Woman with chronic headaches with some migraine features since a motor vehicle accident July 2016. Also some neck pain, sometimes radiating down the right arm. Insurance refused MRI C-spine unless she failed physica; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	brain lesion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	bypass; This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; There has not been a previous Brain MRI completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	cervical fracture; This study is being ordered for trauma or injury.; 1 year ago; There has been treatment or conservative therapy.; migraines, headaches, memory loss, confusion, numbness;; scans, and conservative treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CT head interpreted as no acute disorder, on my review with some frontal atrophy. Atypical movement disorder with abnormal speech -Acquired hepatocerebral degeneration? voice tremor, mod rig rue, mod bradykinesia rue, atypical postural hand tremor;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>D32.9 Meningioma, Woman with several months of fatigue progressing to some left neck and shoulder pain, then headaches around the left eye without migraine or autonomic features, responsive to ibuprofen. Did not improve with getting on clonidine for bloo; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.</p> <p>Description&#x0D; Numbness in right leg (R20.0).&#x0D; She has numbness in the entire right leg. I did an EMG nerve conduction and it was normal, therefore there is no nerve entrapment and it unlikely this would represent a radiculopathy given her symptoms and ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Dizziness, Numbness and tingling sensation of skin, Aura,; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness. DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; This study is being ordered for Vascular Disease.; DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; There has been treatment or conservative therapy.; DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Enter answer here DEMENTIA WITH MOOD CHANGES- or Type In Unknown If No Info Given.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Evaluate Multiple Sclerosis; This study is being ordered for a neurological disorder.; June 2016; There has been treatment or conservative therapy.; numbness and skin disturbance, balance issues, history of Multiple Sclerosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Evaluating progression of Multiple Sclerosis; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; dizziness, weakness, walking and balance problems; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology FOLLOW UP MRI BRAIN W/O 6MOS. PROCEDURE(S): MRI BRAIN W/CONTRAST   Procedure: MRI brain with contrast  Indication: Temporal lobe lesion  Comparison: 5/20/2017  Technique: Multiplanar postcontrast imaging of the brain was performed with contrast; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache and confusion; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.	4
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches; 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	history of migraines with recent worsening; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History of Present Illness This 27 year old male presents with tremors. Mr. Smith is a 27 year old man who comes to the clinic today for evaluation of tremors. Starting around June, he began to notice a tremor in his right hand. It mostly occurred on; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History of Present Illness: 1. f/u; RH Man with h/o renal stones ~5y/a. After that developed shocklike pains shooting down L leg to big toe. Resolved in ~5s, but then his L leg seemed weak and p that he had trouble walking. Never returned to nl, a; 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. HPI; Early Sept 2017; Dim vision 50% x 1wk. Consulted on 2nd day; Optometrist: dx optic neuritis, f/u with PCP; Vision back to usual after 1 wk of change in vision; ROS: sensation of head "bobbing" like everything's rising up intermittently; "HA inside of; This study is being ordered for a neurological disorder.; Early Sept 2017; There has not been any treatment or conservative therapy.; Mr. Scott R Hammond is a 37 y.o. male with an episode of "optic neuritis", during which his vision went dim for 1 week. He isn't sure which eye, thinks it was both eyes. No tests were done, but he thinks that his color vision was affected. He is back to ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	I reviewed his MRI. He does have some unexplained brought objects in the brain. There do not appear strongly changed from previous study done a year ago. No optic tumor was noted. Was recommended by radiology that we should do a dedicated thin cuts th; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Imitrex PRN for migraine ablation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	IMPRESSION: Very nice 31-year-old female who presents with an unusual pain syndrome. Etiology uncertain. She had a limited brain MRI done at one of the open machines in June, but there were only sagittal cuts. We'll need a more thorough brain MRI as we; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. injuries due to fall left unconscious.; This study is being ordered for trauma or injury.; feb 2017; There has not been any treatment or conservative therapy.; arm/leg pain, unconsciousness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Memory changes: likely secondary to underlying sleep problems/stress. MMSE normal. No concern for dementia at this moment. Will run some tests to evaluate for any reversible pathology.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Memory impairment, On MoCA he scored 26/30. Lost 1 point in executive domain and 3 points in delayed recall. Unusual given the high level of functioning, difficulty smelling, Few weeks ago he had a dispute with his daughter. At the time he felt strong emotion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Memory loss, confusion, depression; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MEMORY LOSS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Mr. Charley Boyd is a 47 y.o. male. Headaches have been present for year(s), and are now no change. Frequency is daily. Location of the headache is temporal region on the Bilateral sides. Quality of the pain is achy, dull, occurs more in the am, occurs; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI Brain was done without contrast. needing to do it with contrast. 50 Year old right handed male here for evaluation of memory loss and facial twitching. Most of the history is obtained from the patient. Patient reports that from past few months he was ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI of the brain to make sure there is no intracranial cause for headache  MRI of the cervical spine to insure there is no disc disease as a cause for her symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March, 2017; There has been treatment or conservative therapy.; Daily headaches begin in the occipital area and radiate anteriorly nausea phonophobia; Patient has tried Fiorcet without benefit. Has had some benefit from BC Powder but requires taking several times per day; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Multiple Sclerosis: Patient with a history of multiple sclerosis hypertension diabetes here for follow-up. He was placed on Tysabri after His Diagnosis in January 2015 due to heavy burden of lesions on brain scan and spinal cord. He is remained quite stab; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Multiple Sclerosis; This study is being ordered for a neurological disorder.; diagnosed with MS February 2015; There has been treatment or conservative therapy.; patient has Multiple Sclerosis; Tecfidera and MRI monitoring; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Numbness hands. Just found out has bone spur in neck and that she has blood clots in right arm. Says that whole body will go numb and that she will feel like she is going to pass out and Headache every couple of months. Didn't start until she was on life ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Onset of symptoms was about 6 years ago with initially very rare episodes occurring approximately 2 times per year. However, over the past 3 months these have increased significantly in frequency. She reports 2 events with complete loss of consciousness a; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ory of Present Illness: 1. Seizures  Pertinent negatives include urinary incontinence. Additional information: 2011, EEG 3hz S&W, neg MR. Was put on something that caused HA/ataxia, not sure what it was. Then switched to Topamax 150mg bid. Memory; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Over the weekend she was hospitalized for an episode of vertigo. Ultimately demonstrated improvement and was discharged home with Meclizine and another prescription. On the day she went to the ED, she noticed a gradual onset of symptoms in the morning t; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has had migraines since the age of 22yrs and over the last five years they have become a lot worse with new symptoms having more and worse pain. Since the worsening pain and new symptoms it is requested that we do a MRI 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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has known Multiple Sclerosis--Follow up MRI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown, multiple sclerosis diagnosed years ago.; There has been treatment or conservative therapy.; Multiple Sclerosis--Known.; 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</p> <p>patient having dizziness and numbness and tingling in lower extremities. about 2 months ago he was driving and began to have tightness/heavy feeling in his head and lower legs. Pt states that he also has a claustrophobia feeling with these symptoms. He ha; 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient with syncope and dizziness aside from her headaches. needs further evaluation; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient's memory disturbance has gotten worse, now unable to handle finances and getting loss when driving; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient's memory loss has gotten progressively worse; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient's wife called asking about MRI and VER being scheduled. Informed wife of situation and told her to call scheduling. Patient stated the patient is still having problems with vision, weakness, and confusion. Stated that they have never seen an optha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>positive pulsatile tinnitus; This study is 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 1/2 weeks ago; There has not been any treatment or conservative therapy.; photophobia</p> <p>.....nausea.....headaches.....pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Presents with difficulty processing words over the past few years. Knows what she wants to say but unable to process. Also reports problems with memory - both short and long term. Feels she repeats herself a lot.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Presyncopal spells&#x0D; numbness&#x0D; headache&#x0D; &#x0D; Ringing in the ears&#x0D; &#x0D; 60 year old female with atypical paresthesias of the l scalp and presyncopal feelings , concerning possible stenosis of the cervical large vessels; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Problem #1 headaches. Doing better. Hard to describe, admits pounding, achy, pressure, sore. No significant light sensitivity. No smell/sound sensitivity. &#x0D; &#x0D; Never went for her Brain MRI, will re-order.&#x0D; Had kidney stone while pregnant, was considering z; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>pt having tremors around 3-4 months. Started in the left hand now in the right hand too, Mostly with activity. It interferes With her daily activities such as driving, holding a spoon, drinking water etc. No recent falls. As far as she can tell no RBD. Se; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>pt is also having extreme dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Recurrent stereotypic spells consistent of GTC activity and nocturnal spells concerning for primary generalized epilepsy/ frontal lobe seizures; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Reflexes: Slightly Hyperreflexic . This is a chronic problem. The current episode started more than 1 year ago I will order an MRI of the cervical spine to rule out myelopathy or radiculopathy due to unresolved numbness and tingling along with hyperrefle; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Reoccurrences CVA.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. rule out hydrocephalus; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	SEVERE EXASPERATION. SIGNIFICANT SITE REACTION/MULTIPLE HYPERINTENSIVE REACTIONS. TWO ENHANCING LESIONS. DR SUSPECTS THAT THIS RESULTS VERTIGO. SHORT COURSE OF STEROIDS. PT WAS FATIGUED AMD TIRED. DIAZAPAM WAS GIVEN TO THE PT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JAN 2017; There has been treatment or conservative therapy.; SEVERE EXASPERATION. SIGNIFICANT SITE REACTION/MULTIPLE HYPERINTENSIVE REACTIONS. TWO ENHANCING LESIONS. DR SUSPECTS THAT THIS RESULTS VERTIGO. SHORT COURSE OF STEROIDS. PT WAS FATIGUED AMD TIRED. DIAZAPAM WAS GIVEN TO THE PT.; SHORT COURSE OF STEROIDS. DIAZAPAM WAS GIVEN TO THE PT. BACLOFEN AND GABAPENTIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She is going to have repeat MRI brain, C-spine, and labs. I'd like to meet back with her in a few weeks after having chest review all these studies and to reexamine her and assess effectiveness of this past year of Tysabri treatment and discuss our plan o; This study is being ordered for a neurological disorder.; 11/13/2000 Patient with a 20+ year history of MS; There has been treatment or conservative therapy.; Walking with cane and assistance.   Still with significant spasticity, weakness, gait disorder.; Failed Copaxone and Betaseron. On trial of Tysabri since 12/2016. JCV + with stable titer. Now that she has been on Tysabri for one year, we need to reassess treatment plan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>symptoms are whenever he turns his head sideways suddenly he has tingling that starts in the head and then migrates to his crotch. It last for 5-10 seconds. And it can repeat every 5-10 seconds for 15 times. After these episodes he feels lethargic; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p> <p>SYNCOPE,DIZZINESS,FATIGUE,DYSPNEA,HEADACHE,FLOATING SENSATION,DENIES RELIEVING FACTORS,CHEST PAIN,SENSORY CHANGES IN HIS LOWER LIMBS,TINGLING IN ARMS,NECK PAIN. R/O MASS,CVA,; 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>The current Episode started more than 1 month ago. The problem occurs constantly. The problem has been unchanged. Associated symptoms include neck pain, numbness and weakness. Associated symptoms comments: Tingling Pain The symptoms are aggravated by stre; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>The current episode started more than 1 year ago. The problem occurs daily. The problem has been gradually worsening. The pain is located in the frontal region. The pain does not radiate. The quality of the pain is described as throbbing and stabbing. 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>The patient presents with a history of recurring headaches for over 20 years. She says when the headaches are more severe they are associated with photo and phonophobia as well as nausea. She denies any recent head or neck trauma. She denies fevers or ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This 50 year old female presents with dizziness.&#x0D; Ms. Carroll is a 50 year old woman who comes to the clinic today for evaluation of dizziness. About 2 years ago she started working out and while she was running on a treadmill she began to feel dizzy and ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is 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 2015; There has been treatment or conservative therapy.; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a chronic problem. The problem has been gradually worsening. The pain is located in the occipital, temporal and retro-orbital (Travels all around her head) region. The pain radiates to the left neck and right neck. The pain quality is similar to 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	34
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	152
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	24
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	17
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were abnormal.; The patient is experiencing loss of smell.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	29
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	17

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	4
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.	2

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; It is not known if the patient has undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	18
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	68
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	4
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	69
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	30
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	25
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	8
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	26
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.; This is a new patient.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	to assess disease burden; 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 NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	tremor Postural tremor. Although he does have some mild bradykinesia and mild cogwheeling of the upper shimmy these, he does not have significant rest tremor. He may have mild early parkinsonism, but I certainly cannot give him a diagnosis of idiopathic ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Uncontrolled seizure, worsening in the last few years and causing dysfunction. Last MRI was 4/2012; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unilateral headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were normal.; The patient is experiencing loss of smell.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 01/01/17; There has been treatment or conservative therapy.; Unknown; Patient has had steroid therapy. Currently on pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 10/24/2017; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Severe, worsening headaches with pressure. Chronically on a near daily basis. Associated with neck pain that radiates with spasm and component of anxiety. Radiation of pain into shoulders. Headaches are chronic, intractable, but without status type headac; Medication therapy with Zanaflex for months, Imitrex for months; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2017; There has been treatment or conservative therapy.; headaches, extremity weakness, leg and body pain, migraines, numbness, dizziness ;, medication,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2017; There has not been any treatment or conservative therapy.; R/O blood vessel abnormality; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This study is being 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.; RADIATING PAIN IN NECK TO HANDS. NUMBNESS AND TINGLING. WORSENING HEADACHES ASSOCIATED WITH CONFUSION AND GARBLED SPEECH PER DR REPORT.; MEDICATION THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Vestibular schwannoma,1. f/u  Man with vertigo attacks starting in 2016, with brain MRI showing a left acoustic schwannoma (3 mm) as well as arterial loops coursing over the seventh and eighth cranial nerves bilaterally and some sinus disease. Surger; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	We want to rule out the strong possibility of Multiple Sclerosis, which he has a family history of.; This study is being ordered for a neurological disorder.; Mr. Palph Kolen is now a 47 year old right handed male who has been referred to me for evaluation and management of syncopal episode, neck pain and numbness in hands and wrists. His aunt had MS and he is concerned he may have it. He has had 4 syncopal epi; There has been treatment or conservative therapy.; Syncopal episodes, neck pain and numbness in hands and wrists. His aunt had MS and he is concerned he may have it. He has had 4 syncopal episodes over a 15 year period. He is usually standing when he had the episodes. He will begin to feel lightheaded and; Limiting exposure to excessive heat, avoiding lifting heavy objects, sitting or laying down when he becomes lightheaded; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	WEAKNESS; This study is being ordered for a neurological disorder.; June 2017; It is not known if there has been any treatment or conservative therapy.; FASCICULATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	worsening headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Neurology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	71250 CT CHEST, THORAX	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 08/9/2017; There has been treatment or conservative therapy.; Pain.; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	71550 MRI CHEST	; This study is being ordered for vascular disease.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; This is a request for a chest MRI.	1
Neurology	Approval	71550 MRI CHEST	; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1
Neurology	Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is not an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient had MRI cervical spine for neck pain which revealed 1.2 x 1.2cm lesion involving the odontoid on 9/2/17. CT cervical spine is recommended; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient has already had an MRI, abnormal results so they now need to have a cervical 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
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	pt has residual weakness from a prior CVA, bilateral CTS as seen on EMG, right pin neuropathy on EMG, pt cant have MRI due to pace maker; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	3
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/2017; There has been treatment or conservative therapy.; Patients has abnormal movements, confusion, weakness, memory loss, stiffness, falling, seizures.; Patient had nerve ablations done. Did not help. Had PT and did not help.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/27/2017; There has been treatment or conservative therapy.; dizziness, headache.; Keppra; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11-29-2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2015; There has not been any treatment or conservative therapy.; Numbness in legs, tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 5 years; There has been treatment or conservative therapy.; mbr has pain; oral meds and home PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; October 2015; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Neck surgery in 2012. PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/12/2016; There has been treatment or conservative therapy.; left thigh weakness; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2015; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>.; This study is being ordered for a neurological disorder.; 05/2017; There has not been any treatment or conservative therapy.; He reports onset of symptoms around May or June of this year when he started noticing that he would have numbness of his lips, tongue, and the inside of his mouth periodically. This would last only a few seconds and resolve, but it was occurring on a very frequent basis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; He reports that he feels as though he has "lost muscle" since his last visit and feels that he is just not as strong as he used to be. He is noticing that he is not able to lift as much weight as he had in the past when working out. Has occasional twitchi; After intial diagnosis recieved 3 days of IV solumedrol, started Copaxone in 2012 but was discontinued due to severe viral infections. He is currently not on treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	11
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	2
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left hand weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; Myopathy insignificant lesionos; Post treatment solu-medrol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Ms.West is a 38 y.o. Caucasian female who presents to the neurology clinic at the request of Dr.Kaur for evaluation of episodes of facial numbness, muscle twitching, and slurred speech. The patient reports several other neurological complaints as well. Sh; There has been treatment or conservative therapy.; facial numbness, muscle twitching, and slurred speech. The patient reports several other neurological complaints as well. She states that symptoms started with significant pain in her muscles in her shoulders which she thought was related to arthritis, be; patient has been taking prednisone, hydroxychloroquine, flexeril&#x0D; amitriptyline; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>39-year-old presents with EMS. She was diagnosed 5 years ago at UCLA. I reviewed her MRI from that time. There were fairly large areas in the right cerebellum and pons. Other lesions seen in the splenium of the corpus callosum as well as the higher sub; This study is being ordered for a neurological disorder.; 2012; It is not known if there has been any treatment or conservative therapy.; With her first ever attack she start having right-sided weakness slurred speech and vertigo She has continued right-sided weakness. Numbness in the fourth and fifth digit on the right side. On the left side for about the past week she has had numbness b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Abnormal gait - Right leg spasticity, ataxic gait.&#x0D; will get MRI cervical spine without contrast to further evaluate.Ataxic gait.&#x0D; Seizure disorder; 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 NOT had back pain for over 4 weeks.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Abnormal reflexes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/14/2017; There has not been any treatment or conservative therapy.; Numbness and weakness on the left side of the body and lower back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>amnesic during seizure episode;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; two weeks ago; There has not been any treatment or conservative therapy.; paresthesia in left arm, confusion, seizure, (hour to recover); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Back and neck pain radiating into extremities.; This study is being ordered for a neurological disorder.; 07/21/2017; There has been treatment or conservative therapy.; Back and neck pain radiating into extremities.; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	cervical fracture; This study is being ordered for trauma or injury.; 1 year ago; There has been treatment or conservative therapy.; migraines, headaches, memory loss, confusion, numbness;; scans, and conservative treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Cervical radicular pain, Physical Exam Findings: STIFFNESS, MUSCLOLE SPASMS POPOING/CRACKING GOING UP TO JAW/SHOULDERS,2. Neckpain  Onset: 5 years ago. Additional information: PCP ordered MR but not approved. Some radic pain down left arm. Has been; 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Cervical Radiculopathy and myelopathy.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Can demonstrate normal muscle force but cannot maintain this for more than fractions of a second.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Evaluate Multiple Sclerosis; This study is being ordered for a neurological disorder.; June 2016; There has been treatment or conservative therapy.; numbness and skin disturbance, balance issues, history of Multiple Sclerosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Evaluating progression of Multiple Sclerosis; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; dizziness, weakness, walking and balance problems; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	For: (M54.12) Radiculopathy, cervical region; 1. MRI cervical spine with and without contrast to assess. ; CTS; 1. Will get the above testing first. If unrevealing, will consider CT injections.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 49 year old man with recent treatment and remission for non-Hodgkin's lymphoma with R-CHOP. PNCV/EMG today shows mild bilateral CTS but also shows some findings suggestive of cervical radiculopathy. Polyneuropathy is unlikely given his PNCV results.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	History of testicular cancer. Patient with complaints of increase numbness and tingling in his upper and lower extremity. Numbness and paresthesias began after treatment chemotherapy for testicular cancer but also has underlying history of cervical lumbar; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	increased muscle weakness, cramping and muscle drawing.; This study is being ordered for a neurological disorder.; May, 2017; There has been treatment or conservative therapy.; Muscle weakness, right lower extremity drawing, pain/cramping, numbness and tingling; Tried Gabapentin, hydrocodone, Prednisone, and Tizanidine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	injuries due to fall left unconscious.; This study is being ordered for trauma or injury.; feb 2017; There has not been any treatment or conservative therapy.; arm/leg pain, unconsciousness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; 56 year old right handed male who comes as a follow up for neuropathy and low back pain. Patient has been following Booker/Dr. Pellegrino in the past. Patient reports that and current dose of gabapentin his paresthesias stable. Patient reports of really b	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Eval for Demyelinating lesion	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Looking for new disc disease in the cervical or thoracic region; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; back pain, tingling both upper extremities, lower extremity numbness and tingling, history of cervical surgery, loss of balance; Treatment with Meloxicam, Tramadol and Soma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Low bilateral midline stabbing pain that radiates to lower sciatica nerve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2000; There has been treatment or conservative therapy.; Left leg numbness; increased trouble with bladder; worsened back pain; trouble walking; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>motor weakness in right tricep; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; paresthesia extending from the neck down right arm to the thumb; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Multiple Sclerosis: Patient with a history of multiple sclerosis hypertension diabetes here for follow-up. He was placed on Tysabri after His Diagnosis in January 2015 due to heavy burden of lesions on brain scan and spinal cord. He is remained quite stab; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Multiple Sclerosis; This study is being ordered for a neurological disorder.; diagnosed with MS February 2015; There has been treatment or conservative therapy.; patient has Multiple Sclerosis; Tecfidera and MRI monitoring; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	No info given.; This study is 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.; numbness in digits 4-5 in left hand, bi lateral cramping positive tingling, sharp pain in feet toes and ankles, hyper active reflexes; Pt had nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has known Multiple Sclerosis--Follow up MRI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown, multiple sclerosis diagnosed years ago.; There has been treatment or conservative therapy.; Multiple Sclerosis--Known.; 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient having chronic fatigue, pain and paroxysmal symptoms and spasticity; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient's wife called asking about MRI and VER being scheduled. Informed wife of situation and told her to call scheduling. Patient stated the patient is still having problems with vision, weakness, and confusion. Stated that they have never seen an optha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Reflexes: Slightly Hyperreflexic . This is a chronic problem. The current episode started more than 1 year ago I will order an MRI of the cervical spine to rule out myelopathy or radiculopathy due to unresolved numbness and tingling along with hyperrefle; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	SEVERE EXASPERATION. SIGNIFICANT SITE REACTION/MULTIPLE HYPERINTENSIVE REACTIONS. TWO ENHANCING LESIONS. DR SUSPECTS THAT THIS RESULTS VERTIGO. SHORT COURSE OF STEROIDS. PT WAS FATIGUED AMD TIRED. DIAZAPAM WAS GIVEN TO THE PT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JAN 2017; There has been treatment or conservative therapy.; SEVERE EXASPERATION. SIGNIFICANT SITE REACTION/MULTIPLE HYPERINTENSIVE REACTIONS. TWO ENHANCING LESIONS. DR SUSPECTS THAT THIS RESULTS VERTIGO. SHORT COURSE OF STEROIDS. PT WAS FATIGUED AMD TIRED. DIAZAPAM WAS GIVEN TO THE PT.; SHORT COURSE OF STEROIDS. DIAZAPAM WAS GIVEN TO THE PT. BACLOFEN AND GABAPENTIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>She is going to have repeat MRI brain, C-spine, and labs. I'd like to meet back with her in a few weeks after having chest review all these studies and to reexamine her and assess effectiveness of this past year of Tysabri treatment and discuss our plan o; This study is being ordered for a neurological disorder.; 11/13/2000; Patient with a 20+ year history of MS; There has been treatment or conservative therapy.; Walking with cane and assistance. ; Still with significant spasticity, weakness, gait disorder.; Failed Copaxone and Betaseron. On trial of Tysabri since 12/2016. JCV + with stable titer. Now that she has been on Tysabri for one year, we need to reassess treatment plan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>suspected tethered cord; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; urinary retention; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The current episode started more than 1 year ago. The problem occurs daily. The problem is unchanged. The pain is present in the thoracic spine. The quality of the pain is described as aching and stabbing. The pain does not radiate. The pain is at a sever; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.</p>	2
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.</p>	2
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The last cervical spine MRI was performed within the last 6 months.; Known Tumor with or without metastasis; Ependymoma, WHO grade II ; Ms. Blanton is clinically and radiographically stable. Her plan of care is to continue with surveillance MR imaging every 3 months.</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is 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 2015; There has been treatment or conservative therapy.; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>This is a 44 yr old woman with history of bilateral hip avascular hypoplasia status post surgery about 2 years ago, and bilateral hands and wrist pain Which starts at the same time, who presented to the clinic for follow up. She was found to have mild b; 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 has hyporeflexia throughout</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.</p>	3
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; 55-year-old lady presents with several different complaints. She reports her symptoms started in 2002. She was seen by neurology in Little Rock though apparently those records and imaging are now lost. She first noticed that when she would take a shower; It is not known if there are documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.</p> <p>This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; ; It is not known if the patient have new or changing neurological signs or symptoms.; yes, there are documented clinical findings of Multiple sclerosis.</p>	41
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; ; No, the patient does not have new or changing neurological signs or symptoms.; yes, there are documented clinical findings of Multiple sclerosis.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; ; No, the patient does not have new or changing neurological signs or symptoms.; yes, there are documented clinical findings of Multiple sclerosis.</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Abnormal brain MRI, HEADACHES, HIGH BLOOD PRESSURE,Description Abnormal brain MRI (R90.89). Suspicious for MS, given the trigone area lesions, the others are not typical of MS. Will do MR brain with contrast only and MR C spine with and without. Will c; No, the patient does not have new or changing neurological signs or symptoms.; yes, there are documented clinical findings of Multiple sclerosis.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Multiple sclerosis, ONE YEAR FOLLOW UP,ABNORMAL MRI,; No, the patient does not have new or changing neurological signs or symptoms.; yes, there are documented clinical findings of Multiple sclerosis.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.; yes, there are documented clinical findings of Multiple sclerosis.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; Yes, the patient is demonstrating unilateral muscle wasting.; yes, there are documented clinical findings of Multiple sclerosis.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis.	20
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Hyperreflexia,She is also having numbness in her right lateral thigh over the last half year,developed some shooting pains ,. Suspect this probably represents meralgia paresthetica though,We checked an EMG/NCV study today. The findings suggested an unde; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Optic neuritis (H46.9). Right eye vision changes with pain, and a headache that is not typical of her previous migraines. This is suggestive of optic neuritis, although no optic nerve inflammation seen on the MRI. Keep in mind the MRI was done several ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	8
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	46
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	2

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; <Enter Additional Clinical Information>; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; AT THE REQUEST OF: MICHAEL W MORSE, MD PATIENT NAME: LOFTIN, MELISSA DOB: 05/13/1976 AGE/SEX: 41/Female PATIENT ID#: 1192163 DATE OF SERVICE: 11/03/2017   PROCEDURE(S): MRI BRAIN W/O CONTRAST  Clinical history:  This is a MRI of the bra; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; None of the above; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; 1. Neckpain  Additional information: PT 2 x per week for 6 wks. Feels as if helped initially but not anymore. 2. Back pain  Additional information: PT 2 x per week for 6 wks. . Feels as if helped initially but not anymore.Assessment Back pain du; No, the patient does not have new or changing neurological signs or symptoms.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Neckpain  Pertinent negatives include bladder incontinence. Additional information: Related to MVA, had PT, Dr Diemel did occip injections. Questionable syrxn on C spine MR. Started on AMT, Gabapentin and Lyrica. Hands numb constantly and worse in; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness and tingling with weakness to upper extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	We want to rule out the strong possibility of Multiple Sclerosis, which he has a family history of.; This study is being ordered for a neurological disorder.; Mr. Palph Kolen is now a 47 year old right handed male who has been referred to me for evaluation and management of syncopal episode, neck pain and numbness in hands and wrists. His aunt had MS and he is concerned he may have it. He has had 4 syncopal epi; There has been treatment or conservative therapy.; Syncopal episodes, neck pain and numbness in hands and wrists. His aunt had MS and he is concerned he may have it. He has had 4 syncopal episodes over a 15 year period. He is usually standing when he had the episodes. He will begin to feel lightheaded and; Limiting exposure to excessive heat, avoiding lifting heavy objects, sitting or laying down when he becomes lightheaded; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	weakness and numbness in L upper extremity, physical therapy not helpful.  cardiac workup negative. oncology workup negative.; 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 shoulder abduction and elbow extension. Mild reduction in internal rotation and external rotation.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	numbness in the left lateral shoulder which goes down into the arm and into the hand. She has decreased ability to lift.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	WEAKNESS; This study is being ordered for a neurological disorder.; June 2017; It is not known if there has been any treatment or conservative therapy.; FASCICULATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	WILL JUST UPLOAD NOTES; WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW; This study is being ordered for a neurological disorder.; 11/30/2012; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES; WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW; WILL JUST UPLOAD NOTES; WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	WILL JUST UPLOAD NOTES.; AMBETTER + DOUBLE STUDY=AUTOMATIC REVIEW.; This study is being ordered for a neurological disorder.; 12/18/2015; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES.; AMBETTER + DOUBLE STUDY=AUTOMATIC REVIEW.; WILL JUST UPLOAD NOTES.; AMBETTER + DOUBLE STUDY=AUTOMATIC REVIEW.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; 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
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; He reports that he feels as though he has "lost muscle" since his last visit and feels that he is just not as strong as he used to be. He is noticing that he is not able to lift as much weight as he had in the past when working out. Has occasional twitchi; After intial diagnosis recieved 3 days of IV solumedrol, started Copaxone in 2012 but was discontinued due to severe viral infections. He is currently not on treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Abnormal reflexes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/14/2017; There has not been any treatment or conservative therapy.; Numbness and weakness on the left side of the body and lower back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	amnesic during seizure episode;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; two weeks ago; There has not been any treatment or conservative therapy.; paresthesia in left arm, confusion, seizure, (hour to recover); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Evaluate Multiple Sclerosis; This study is being ordered for a neurological disorder.; June 2016; There has been treatment or conservative therapy.; numbness and skin disturbance, balance issues, history of Multiple Sclerosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Evaluating progression of Multiple Sclerosis; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown if No Info Given >; There has been treatment or conservative therapy.; dizziness, weakness, walking and balance problems; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Looking for new disc disease in the cervical or thoracic region; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; back pain, tingling both upper extremities, lower extremity numbness and tingling, history of cervical surgery, loss of balance; Treatment with Meloxicam, Tramadol and Soma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Multiple Sclerosis: Patient with a history of multiple sclerosis hypertension diabetes here for follow-up. He was placed on Tysabri after His Diagnosis in January 2015 due to heavy burden of lesions on brain scan and spinal cord. He is remained quite stab; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	suspected tethered cord; This study is being ordered for something other than: 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.; urinary retention; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; back pain. Exam shows hyperreflexia. Also with right knee flexor weakness. MRI of her spinal column will be ordered to rule out myelopathy. If this is negative can conduct peripheral neuropathy workup.  DEEP TENDON REFLEXES: 3+ in the upper and low; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	8
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The symptoms began 7 years ago. The symptoms are reported as being severe. The symptoms occur constantly. The location is occipital. Aggravating factors include exercising, moving a lot, getting heart rate up,. Relieving factors include pain meds alone. S; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	3
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; paresthesia, Reason for Study: possible disc compression back pain possible nerve compression, 1. Assessment Paresthesia (R20.2).  Provider Plan These areas of pain sound a lot like postherpetic neuralgia, but without ever any visual shingles ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	3
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient is experiencing left lower extremity pain and weakness; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	7
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	2
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness Paresthesia both legs, Gait Difficulty, and Osteoarthritis; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	WILL JUST UPLOAD NOTES WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW; This study is being ordered for a neurological disorder.; 11/30/2012; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW; WILL JUST UPLOAD NOTES WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	WILL JUST UPLOAD NOTES. AMBETTER + DOUBLE STUDY=AUTOMATIC REVIEW.; This study is being ordered for a neurological disorder.; 12/18/2015; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES. AMBETTER + DOUBLE STUDY=AUTOMATIC REVIEW.; WILL JUST UPLOAD NOTES. AMBETTER + DOUBLE STUDY=AUTOMATIC REVIEW.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; October 2015; 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is falling and has numbness/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

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient complains of low back pain. She complains that it will radiate down into her lower extremities. The frequency and severity seems to wax and wane. The patient has noticed if the weather changes the pain is worse. She has been seen in the pa; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>57-year-old gentleman with excessive daytime sleepiness. Start Provigil 100 mg daily for OSA not responsive to CPAP. He will keep appointment for multilevel latency sleep test. MRI Lumbar spine to address worsening of left leg weakness, pain, and meralg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Abnormal reflexes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/14/2017; There has not been any treatment or conservative therapy.; Numbness and weakness on the left side of the body and lower back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>amnesic during seizure episode;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; two weeks ago; There has not been any treatment or conservative therapy.; paresthesia in left arm, confusion, seizure, (hour to recover); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Back and neck pain radiating into extremities.; This study is being ordered for a neurological disorder.; 07/21/2017; There has been treatment or conservative therapy.; Back and neck pain radiating into extremities.; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>History of testicular cancer. Patient with complaints of increase numbness and tingling in his upper and lower extremity. Numbness and paresthesias began after treatment chemotherapy for testicular cancer but also has underlying history of cervical lumbar; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Ms. Jeannette Briggs evaluated by me for the management of headaches that have bothered her since 1994. She is in tears today with her Lt hip pain where she had her hip replacement. She is to see Dr. Massaneli the orthopedist in a few weeks. Her Norco is ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	No info given.; This study is 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.; numbness in digits 4-5 in left hand, bi lateral cramping positive tingling, sharp pain in feet toes and ankles, hyper active reflexes; Pt had nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	suspected tethered cord; This study is being ordered for something other than: 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.; urinary retention; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The current episode started more than 1 year ago. The problem occurs daily. The problem is unchanged. The pain is present in the thoracic spine. The quality of the pain is described as aching and stabbing. The pain does not radiate. The pain is at a sever; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	9
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	19

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	4
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) 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.	44
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; MDO noted left shoulder narrowing of joint space, severely limited rotation w/ pain and impingement	3
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	1
Neurology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Neurology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Neurology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Neurology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1

Neurology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	74181 MRI ABDOMEN 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study.";	1
Neurology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		Yes, this is a request for CT Angiography of the abdominal arteries. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Neurology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1
Neurology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1
Neurology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Epilepsy and Dementia; 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. pt continues to have headaches 3-4 days a week, likely CVA related and has been non responsive to Gabapentin. Patient continues to have blurry vision. On neurological exam, he had mild impaired remote and short term memory; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	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
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4

Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1
Neurology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< severe headache and dizziness episodes of vertigo chronic sinus and inflammation and suspected significant chronic sinusitis >; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/20/17; There has not been any treatment or conservative therapy.; Headache, double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This 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	3
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 59-year-old right-handed lady here for evaluation status post stroke in 2015. Most of the history is obtained from the patient as well as from chart review. She was evaluated by Dr.Vasuki Dandu md neurology at the North Little Rock Baptist. Patient has; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	4
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 08/9/2017; There has been treatment or conservative therapy.; Pain,; Medications,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/20/17; There has not been any treatment or conservative therapy.; Headache, double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This 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	3
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	59-year-old right-handed lady here for evaluation status post stroke in 2015. Most of the history is obtained from the patient as well as from chart review. She was evaluated by Dr.Vasuki Dandu md neurology at the North Little Rock Baptist. Patient has; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; unknown; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	63 year old right handed lady here for valuation of headaches. Most of the history is obtained form the patient. Patient reports that she has been having this fro a long time of unknown duration. Patient reports that she has headaches only during night wh; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	dizziness seizures; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	MRI Brain was done without contrast. needing to do it with contrast. 50 Year old right handed male here for evaluation of memory loss and facial twitching. Most of the history is obtained from the patient. Patient reports that from past few months he was ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	This is a chronic problem. The current episode started more than 1 year ago (again since 2013). The problem has been unchanged. The pain is located in the temporal and retro-orbital region. The pain does not radiate. The pain quality is similar to prior h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; ; This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; Requested for evaluation of Multiple Sclerosis; It is not known if the patient has undergone treatment for multiple sclerosis.; It is not known if the patient has undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; unknown; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.; This study is being ordered for a neurological disorder.; 05/2017; There has not been any treatment or conservative therapy.; He reports onset of symptoms around May or June of this year when he started noticing that he would have numbness of his lips, tongue, and the inside of his mouth periodically. This would last only a few seconds and resolve, but it was occurring on a very frequent basis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. *ha  The patient presents with a history of recurring headaches which she says she's had about 5 years. She denies any head injuries or any fevers or chills recently. She denies any dental problems her TMJ problems. She says her mother has chron; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	63 year old right handed lady here for valuation of headaches. Most of the history is obtained form the patient. Patient reports that she has been having this fro a long time of unknown duration. Patient reports that she has headaches only during night wh; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic Headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	complex partial epilepsy with secondary generalization with mild cognitive impairment; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dementia and Memory Loss becoming worse; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Epilepsy; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	frequent headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headache with vision changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	increased muscle weakness, cramping and muscle drawing.; This study is being ordered for a neurological disorder.; May, 2017; There has been treatment or conservative therapy.; Muscle weakness, right lower extremity drawing, pain/cramping, numbness and tingling; Tried Gabapentin, hydrocodone, Prednisone, and Tizanidine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Migraine without aura; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	migraines; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>mostly bitemporal and the neck. Sharp, dull achy. Constant pain. 7/10 in intensity. Aggravated by prolonged walking, sitting, talking.No particular relieving factors. She takes hydrocodone for arthritis. She has been on that since 2004. She never tried Ph; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ??2000 after an MVA and it has gotten worse; There has been treatment or conservative therapy.; having some memory loss long term and short term loss. While driving she forgets where she is going. hx: DM,HTN,Rheumatoid arthritis, &#x0D; Neck pain causing headaches headaches, falls.&#x0D; She fell 4-5 times in the last 1 year. No particular reason. She feels v; pain medication only since 2004; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Ms. Renee Goggans has been evaluated by us for the management of headaches that have bothered her since age 28. There are various other complaints that have prompted me to consider multiple sclerosis and a possible reason for her current health situation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient driving and blacked out Was confused when came to had a headache also; 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. patient was hit in the head with a 2x4 board 3 years ago.&#x0D; She is having memory loss and difficulty with remembering what she done the day before. Memory loss is progressing. Having some dizziness. She keeps on falling constantly. She gets dizzy feeling a; 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.</p>	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Pt having arm burning, problems with swallowing. She quit taking her Aubagio, but started back 5 days ago. Wants to know if there is something else she can take in addition to help with her symptoms. She took a steroid dose pack in the past with good resu; 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.</p>	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Short-term memory problems. Started experiencing for the past 6 months. Progressive getting worse. She is not managing her finances anymore. Because she is forgetting to pay bills. She drives. But does not lose her way. Recently she left water running in ; 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.</p>	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is a 63 year old woman who has an unusual story. On Monday, 09/25/17 she went out to the garden with her husband to pick okra. She put on garden gloves. This was about 7:30 at night. When she came back she thought she was maybe bitten on her l; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The pt had a head injury in 2010 with ct scan showing no acute changes. The pt is using new beginnings- for management of her depression and trauma. Pt has a diagnosis of somatization disorder. Patient has a headache 29 out of 30 days a month with 10 da; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a chronic problem. The current episode started more than 1 year ago (again since 2013). The problem has been unchanged. The pain is located in the temporal and retro-orbital region. The pain does not radiate. The pain quality is similar to prior h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	3
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	2

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a neurological disorder.; Neurological: Positive for speech difficulty, light-headedness and headaches.after a lengthy discussion regarding her symptoms it sounds like she has a variant of ophthalmologic migraine disorder. I think she needs to see a neurologist and she agrees. She; There has been treatment or conservative therapy.; HEADACHES; VISION BLURRING; 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	70554 Functional MRI Brain	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; about 1 year ago which would be 2016; It is not known if there has been any treatment or conservative therapy.; She reports having had 2 episodes of unusual near syncope events that have occurred approximately one year apart. The first episode was in September 2016 and then a second episode in September 2017. She states that the events start with feeling a pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; n/a; There has been treatment or conservative therapy.; 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
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; tingling, paresthesia, numbness, back apin numbness, pain, tingling; pt and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical 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 bilateral upper extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neck pain with new symptoms of numbness and tingling of face and arms with weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	39-year-old gentleman presents with complicated history. He has seen 3 different pulmonologists, a cardiologist, a gastroenterologist, a neurologist, a muscle and nerve neurologist, a urologist and to pain physicians. He has not been normal for 4 years.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	49-year-old with cervical radiculopathy. Will again attempt to get MRI cervical spine approved to rule out causes of neck pain with radiating pains into his right shoulder and arm. Increase gabapentin to 600 mg TID, although previously struggled with aft; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 49-year-old gentlemen returns to clinic today. He is struggling with continued cervical pain with symptoms radiating into his right shoulder and arm. His right arm will go numb if he holds his phone too long. Continues gabapentin 600/300/600 mg. Previo; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	AMBETTER + DOUBLE STUDY= AUTOMATIC REVIEW. WILL JUST SEND NOTES.; This study is being ordered for a neurological disorder.; 07/2017; There has been treatment or conservative therapy.; AMBETTER + DOUBLE STUDY= AUTOMATIC REVIEW. WILL JUST SEND NOTES.; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Called patient and informed her that due to her new/worsening symptoms we would like to get a repeat MRI of the brain and cervical spine. Patient stated understanding. Placed orders for tests and Krystal stated she would get the patient set up and schedul; 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.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis". It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; mostly bitemporal and the neck. Sharp, dull achy. Constant pain. 7/10 in intensity. Aggravated by prolonged walking, sitting, talking.No particular relieving factors. She takes hydrocodone for arthritis. She has been on that since 2004. She never tried Ph; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ??2000 after an MVA and it has gotten worse; There has been treatment or conservative therapy.; having some memory loss long term and short term loss. While driving she forgets where she is going. hx: DM,HTN,Rheumatoid arthritis,  Neck pain causing headaches headaches, falls. She fell 4-5 times in the last 1 year. No particular reason. She feels v; pain medication only since 2004; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Motor Exam: Upper Limbs: normal tone and muscle bulk and full strength; Finger tapping decreased on right.  Rest tremors In the right upper extremity.  Cogwheel rigidity on the right. Lower Limbs: full strength and normal muscle bulk; Foot tapping reduc; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He has had 3 falls in the last month. No loss of consciousness. Lost control of the body and fell down. He is back up on his feet and few seconds. In the last 1 month he has been experiencing weird sensation in the head like "nicotine high ". No family hi; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI of the brain to make sure there is no intracranial cause for headache  MRI of the cervical spine to insure there is no disc disease as a cause for her symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March, 2017; There has been treatment or conservative therapy.; Daily headaches begin in the occipital area and radiate anteriorly nausea phonophobia; Patient has tried Fiorcet without benefit. Has had some benefit from BC Powder but requires taking several times per day; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. Renee Goggans has been evaluated by us for the management of headaches that have bothered her since age 28. There are various other complaints that have prompted me to consider multiple sclerosis and a possible reason for her current health situation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient having numbness and tingling in BLE as well as tightness/heavy feeling in head. Pt also has a feeling of claustrophobia along with symptoms.; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING RADIATION INTO BOTH SHOULDERS THAT IS BECOMING INCREASINGLY MORE 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; PHYSICAL EXAM SHOWS SPASMS IN THE CERVICAL REGION.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports numbness in upper and lower extremities, needs MRI of Thoracic Spine and Cervical Spine to evaluate for Transverse Myelitis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. reason for visit- migraines no primary diagnosis found. symptoms start with eye twitches and then has unilateral pain behind eye, varies with side. associated symptoms include nausea, photophobic, phonophobic, neck pain . Patient has tried Elavil without ; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The current Episode started more than 1 month ago. The problem occurs constantly. The problem has been unchanged. Associated symptoms include neck pain, numbness and weakness. Associated symptoms comments: Tingling Pain The symptoms are aggravated by stre; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is a 63 year old woman who has an unusual story. On Monday, 09/25/17 she went out to the garden with her husband to pick okra. She put on garden gloves. This was about 7:30 at night. When she came back she thought she was maybe bitten on her l; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	3
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; ; No, the patient does not have new or changing neurological signs or symptoms.; yes, there are documented clinical findings of Multiple sclerosis.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; He states that he now walks funny, has more tremors of the hands and legs. He is worried about exposure to HIV, which would have happen 8.5 years ago. His CD4 count remains low. Mr. Stuart Linimon is a 47 y.o. male with tension headache, dizziness, occas; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	4
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; 31 year old right handed lady for evaluation of loss of awareness. Most of the history is obtained from the patient as well as her mother who was present who was the firsthand witness. Patient has been having episodes of nausea, Vomiting with extreme ligh; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; also having numbness, facial and extremity numbness.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; 54 year old woman with a confusional spell. TIA is possible. Complex partial seizure is less likely. The associated urinary urgency is an uncommon symptom for either of these. Her MRI and EEG look good. Her tremor is a new complaint but she reports it has	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; M5gs: severe L neck pain.4.2 Neck pain on left side, CAROTID ARTERY ULTRASOUND:IMPRESSION Normal carotid ultrasound. No hemodynamically significant stenosis of the carotid vasculature.PROCEDURE(S): XR C SPINE 2-3 V,   Findings: Frontal, lateral, an	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	to evaluate the pain in the patient neck and lower back and compare with a MRI done in 2015; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; PHYSICAL EXAM REVEALED A BROAD BASED GAIT WITH LIMP.SUPPLE WITHOUT MENINGEAL SIGNS. SPASMS IN THE NECK, TRIGGER POINTS NOTED IN THE CERVICAL SPINE REGION; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a neurological disorder.; Neurological: Positive for speech difficulty, light-headedness and headaches.after a lengthy discussion regarding her symptoms it sounds like she has a variant of ophthalmologic migraine disorder. I think she needs to see a neurologist and she agrees. She; There has been treatment or conservative therapy.; HEADACHES VISION BLURRING; 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Severe, worsening headaches with pressure. Chronically on a near daily basis. Associated with neck pain that radiates with spasm and component of anxiety. Radiation of pain into shoulders. Headaches are chronic, intractable, but without status type headac; Medication therapy with Zanaflex for months, lmitrex for months; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; RADIATING PAIN IN NECK TO HANDS. NUMBNESS AND TINGLING. WORSENING HEADACHES ASSOCIATED WITH CONFUSION AND GARBLED SPEECH PER DR REPORT.; MEDICATION THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	WORSENING THORACIC SPINE PAIN. SUBSTANTIVE LOW BACK PAIN WHILE SITTING OR STANDING FOR BRIEF PERIODS OF TIME.WORSENING THROBBING AND SPASMS IN THE CERVICAL SPINE. COMPONENT OF FATIGABLE WEAKNESS. RADIATING NECK/MID BACK PAIN; This study is being ordered for a neurological disorder.; 12/02/2011; There has been treatment or conservative therapy.; WORSENING THORACIC SPINE PAIN. SUBSTANTIVE LOW BACK PAIN WHILE SITTING OR STANDING FOR BRIEF PERIODS OF TIME.WORSENING THROBBING AND SPASMS IN THE CERVICAL SPINE. COMPONENT OF FATIGABLE WEAKNESS. RADIATING NECK/MID BACK PAIN; MEDICATION THERAPY FOR SPASMS IN BACK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Patient with MS with new thoracic numbness with recent brain activity	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	to or Pre-operative evaluation, or Neurological deficits."; Patient with MS with new thoracic numbness with recent brain activity	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. AMBETTER + DOUBLE STUDY= AUTOMATIC REVIEW. WILL JUST SEND NOTES.; This study is being ordered for a neurological disorder.; 07/2017; There has been treatment or conservative therapy.; AMBETTER + DOUBLE STUDY= AUTOMATIC REVIEW. WILL JUST SEND NOTES.; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low bilateral midline stabbing pain that radiates to lower sciatica nerve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2000; There has been treatment or conservative therapy.; Left leg numbness; increased trouble with bladder; worsened back pain; trouble walking; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	No info given.; This study is 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.; numbness in digits 4-5 in left hand, bi lateral cramping positive tingling, sharp pain in feet toes and ankles, hyper active reflexes; Pt had nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports numbness in upper and lower extremities, needs MRI of Thoracic Spine and Cervical Spine to evaluate for Transverse Myelitis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	2
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	WORSENING THORACIC SPINE PAIN. SUBSTANTIVE LOW BACK PAIN WHILE SITTING OR STANDING FOR BRIEF PERIODS OF TIME.WORSENING THROBBING AND SPASMS IN THE CERVICAL SPINE. COMPONENT OF FATIGABLE WEAKNESS. RADIATING NECK/MID BACK PAIN; This study is being ordered for a neurological disorder.; 12/02/2011; There has been treatment or conservative therapy.; WORSENING THORACIC SPINE PAIN. SUBSTANTIVE LOW BACK PAIN WHILE SITTING OR STANDING FOR BRIEF PERIODS OF TIME.WORSENING THROBBING AND SPASMS IN THE CERVICAL SPINE. COMPONENT OF FATIGABLE WEAKNESS. RADIATING NECK/MID BACK PAIN; MEDICATION THERAPY FOR SPASMS IN BACK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; tingling, paresthesia, numbness, back apin numbness, pain, tingling; pt and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain with numbness and tingling in her feet.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain: likely due to lumbar spine degenerative disc disease.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mrs. Pamela Brown is now a 52 year-old right handed Caucasian female who has been to me for evaluation and management of severe pain in her with burning sensation, tingling, numbness that has started in 8-9 months. The pain is worse on the rt foot with tr; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	muscle twitching; The study 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had PT, medications, 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.; Pt has weakness in legs, and 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
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	2

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	to evaluate the pain in the patient neck and lower back and compare with a MRI done in 2015; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Unknown; Gabapentin	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Neurology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	plexopathy.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	WILL JUST UPLOAD NOTES. AMBETTER GOES TO REVIEW ANYWAY.; 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
Neurology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	denervation edema of shoulder muscles can be better evaluated by MRI Left Shoulder  concern for left brachial neuritis; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Neurology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Ms. Jeannette Briggs evaluated by me for the management of headaches that have bothered her since 1994. She is in tears today with her Lt hip pain where she had her hip replacement. She is to see Dr. Massaneli the orthopedist in a few weeks. Her Norco is ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	he study revealed a focus of abnormal radiotracer uptake about the left aspect of the urinary bladder. This may represent a bladder diverticulum and either a bladder ultrasound or CT abdomen/pelvis with delayed phase imaging were recommended for further ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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
Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	2

Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	considerable congenitive early onset signs of Alzh Dz in the center of emotions.; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1
Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	Pt suffers with dementia.; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Neurology	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	1
Neurology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	1
Neurology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Head/Neck Cancer.; The patient has Brain cancer.; This is NOT a Medicare member.	1
Neurology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Neurology	Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
Neurology	Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
OB/Gynecology	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
OB/Gynecology	Approval	70544 Mr angiography head w/o dye		There is an immediate family history of aneurysm.; This is a request for a Brain MRA. Elevated prolactin, amenorrhea; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Pt presented with amenorrhea, hot flashes and night sweats. Her FSH and LH were found to be WNL, however, her Estrogen level is abnormally low. Additional lab work including Thyroid panel, Hemoglobin A1C and Prolactin has been ordered, however, results ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST			1

OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Severe headache x 1 month. Was a sudden onset. 20 wks pregnant; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	1
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	CT imaging surveillance.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

OB/Gynecology	Approval	71250 CT CHEST, THORAX	new onset abdominal tenderness and pain; history of endometrial cancer; Malignant neoplasm of endometrium; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	Reassessment of poorly differentiated carcinoma of the endometrium; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	stage 3b primary peritoneal lowgrade; psammocarcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2
OB/Gynecology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
OB/Gynecology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient is non-compliant on follow up of a 8.7cm pelvic mass seen on CT one year ago. Patient refuses pelvic exam related to ptsd.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1

			STATUS POST TAH 6 WKS AGO WITH URGENCY, INCONTINENCE AND PELVIC PAIN AND PRESSURE. PELVIC US SHOWED LOCULATED FLUID COLLECTION ABOVE BLADDER. PELVIC CT SHOWED FLUID COLLECTION ADJACENT TO THE VAGINAL CUFF WORRISOME FOR ABSCESS OR INFECTED SEROMA. CLOSE; 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
OB/Gynecology	Approval	72192 CT PELVIS		
OB/Gynecology	Approval	72196 MRI PELVIS		2
			< 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.	
OB/Gynecology	Approval	72196 MRI PELVIS		1
			< 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.	
OB/Gynecology	Approval	72196 MRI PELVIS		1
			< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	
OB/Gynecology	Approval	72196 MRI PELVIS		1
			< 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	
OB/Gynecology	Approval	72196 MRI PELVIS		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.; 10/30/17; 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	
OB/Gynecology	Approval	72196 MRI PELVIS		1
			Absence of cervix and malarian duct problem; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	
OB/Gynecology	Approval	72196 MRI PELVIS		1
			bleeding etc; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A cyst was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	
OB/Gynecology	Approval	72196 MRI PELVIS		1
			none; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	
OB/Gynecology	Approval	72196 MRI PELVIS		1
			pelvic mass measuring 22 m and abdominal blotting; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72196 MRI PELVIS		1

OB/Gynecology	Approval	72196 MRI PELVIS	Pregnancy complicated by: 1. Previous c/s X 3 w/ concern for morbidly adherent placenta; -- US 9/22: Anterior placenta previa with suspected morbidly adherent placenta. Significant hypervascularization at the bladder uterine interface. No TV US performed; This study is being ordered for Congenital Anomaly.; 07/31/2017; There has not been any treatment or conservative therapy.; MORBIDLY ADHERENT PLACENTA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	72196 MRI PELVIS	pt have plans on doing surgery; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	8
OB/Gynecology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	1
OB/Gynecology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has multiple bilateral ovarian cyst on ultrasound 11/16/2017. She is complaining of lower back pain with rectal pain. She is having irregular periods with unwanted hair growth around nipples, back, chin and neck that requires shaving and pluckin; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	9/25/17 ultrasound done.; This is a request for an abdomen-pelvis 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 CT imaging surveillance.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	new onset abdominal tenderness and pain; history of endometrial cancer Malignant neoplasm of endometrium; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Reassessment of poorly differentiated carcinoma of the endometrium; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	stage 3b primary peritoneal lowgrade psammocarcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	thickened endometrium,right ovary is not well defined, complex cystic mass occupying left adnexal region. Transvaginal ultrasound has been performed and further evaluation will be accomplished with CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; RIGHT LOWER ABDOMINAL PAIN IS SEVERE AND CONSTANT; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The 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
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; 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
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The 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
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	3
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 6month ct because vaginal pap smears are abnormal; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Dense pelvic adhesions, bowel obstructions, family history pancreatic cancer; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain; Yes this is a request for a Diagnostic CT	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient had rt lower quad pain for 3 months with diarrhea and constipation, abdominal bloating and upper abdominal pain. US was done with not determination.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pelvic pain female; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; inguinal mass; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being 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
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/17; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

OB/Gynecology	Approval	74181 MRI ABDOMEN	pelvic mass measuring 22 m and abdominal blotting; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	Pregnancy complicated by:-- US 9/22: Anterior placenta previa with suspected morbidly adherent placenta. Significant hypervascularization at the bladder uterine interface. No TV US performed; This study is being ordered for Congenital Anomaly.; 07/31/2017; There has not been any treatment or conservative therapy.; MORBIDLY ADHERENT PLACENTA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
OB/Gynecology	Approval	74712 Fetal MRI	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Abdominal, retroperitoneal or pelvis abnormalities has been identified or remains uncertain after an ultrasound.	1
OB/Gynecology	Approval	74712 Fetal MRI	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; None of the above has been identified or remains uncertain after an ultrasound.	1
OB/Gynecology	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	14
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Abnormal mammogram; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. Her mother has a history of breast cancer. The patient has a Lifetime Risk of 22.5%. A breast MRI screening is recommended.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	inconclusive mammogram; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; It is not known if this patient have axillary node adenocarcinoma.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Lifetime Risk=31.8%  Sister diagnosed with breast cancer at age 47.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Mammographic microcalcification found on diagnostic imaging of breast; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient has a Lifetime Risk of 27.8% using the Tyrer Cuzick Risk Assessment model. Her mother was diagnosed with breast cancer at age 56. She had a screening mammogram 4/7/17 which was normal. It is recommended she have a screening MRI between mammogra; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Previous MRI showed an area of non-mass enhancement. Biopsy was performed. Path report was negative for malignancy. Patient needs 6 month follow up.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT HAS A CALCULATED LIFETIME RISK OF 26.6% OF DEVELOPING BREAST CANCER.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT HAS A PALPABLE LUMP WITH A NEGATIVE MAMMO AND ULTRASOUND.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	pt has multiple findings in bilateral breast. mri is requested for biopsy planning. pt has family hx of breast cancer in maternal grandmother at age 30 and pt's mother is BRCA positive.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT IS CONSIDERED HIGH RISK BECAUSE PT'S MOTHER HAS HAD BREAST CANCER TWICE AS WELL AS PT'S MATERNAL GRANDMOTHER HAD BREAST CANCER. PT'S CALCULATED LIFETIME RISK IS 33%.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	R/O BREAST ENLARGEMENT AND PAIN ON THE LEFT SIDE; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	She was also diagnosed with a pituitary adenoma. She has a paternal aunt with a history of breast cancer and ovarian cancer.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	The patient has a Lifetime Risk of 30.5% using the Tyrer Cuzick Risk Assessment. There is history of breast cancer in her mother and aunt. It is recommended to alternate annual MRI's with mammograms for screening.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	The patient is 38 years old and has not had any mammograms. Her lifetime risk=28.3% which places her at high risk for breast cancer. The breast MRI is being requested for breast cancer screening. Her mother was diagnosed with breast cancer at age 53.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	The patient is at high risk for breast cancer, and the radiologist is recommending she have a breast MRI to screen for breast cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	4	
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	1	
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2	
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	8	
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	4	
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	2	
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1	
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2	
OB/Gynecology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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	0.44 (H);, / 1
OB/Gynecology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Hormonal issues, night sweats; 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	
OB/Gynecology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o pituitary tumor; 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	

OB/Gynecology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT CT imaging surveillance.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
OB/Gynecology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
OB/Gynecology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Checking for microcalcifications due to decreased T score in I1 through L4.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
OB/Gynecology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	63 year old c/o pain in left groin that radiates to lower back for past month now. Pain is constant but worse when sitting. Possible piriformis syndrome; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Please see attached fax; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	post op pain. per caller pt had hysterectomy 8/16/2017; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a 27-year-old white female gravida 0 that we had worked up for an abnormal Pap smear and taken to surgery because of a large cervical CIN 3 lesion for a cold knife conization. Our see Casey specimen showed an invasive squamous cell carcinoma and ; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1

OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is 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
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The 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
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain, constipation, delay of passing urine; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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

OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	; This is a request for Breast MRI.; This study is being ordered for 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
OB/Gynecology	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	1
OB/Gynecology	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Obstetrics & Gynecology	Approval	72196 MRI PELVIS		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Obstetrics & Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1
Obstetrics & Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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
Occupational Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Pain, Stiffness, Decreased ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Occupational Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Pain, Stiffness, Decreased ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Occupational Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Pain, Stiffness, Decreased ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Oncology	Approval	71250 CT CHEST, THORAX		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	71250 CT CHEST, THORAX		cancer in the kidneys metastatic renal cell carcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	71250 CT CHEST, THORAX		'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	71250 CT CHEST, THORAX		Ovarian cancer, unspecified laterality pt has known cancer and is under survielnce monitoring; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Oncology	Approval	71250 CT CHEST, THORAX		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

Oncology	Approval	71250 CT CHEST, THORAX	Pt is undergoing chemotherapy for rectal cancer. This ct is required to evaluate pt's response to that 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
Oncology	Approval	71250 CT CHEST, THORAX	Rectal cancer treatment planning; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Oncology	Approval	71250 CT CHEST, THORAX	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	71250 CT CHEST, THORAX 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	restaging, has has von hippel syndrome, lesions in back.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	72196 MRI PELVIS	restaging, has has von hippel syndrome, lesions in back.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; 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. There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	cancer in the kidneys metastatic renal cell carcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Ovarian cancer, unspecified laterality pt has known cancer and is under surveillance monitoring; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt is undergoing chemotherapy for rectal cancer. This ct is required to evaluate pt's response to that 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
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Rectal cancer treatment planning; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	78813 PET IMAGING WHOLE BODY		This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Ovarian or Esophageal Cancer.; The patient's Ovarian Cancer Tumor Marker suggests their need for ordering this study.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Oncology	Approval	78813 PET IMAGING WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; 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.	1
Oncology	Approval	78813 PET IMAGING WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Oncology	Disapproval	71250 CT CHEST, THORAX 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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
Oncology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Cancer of left breast; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Oncology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	SHOULDER PAIN AND ANKLE PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Oncology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	SHOULDER PAIN AND ANKLE PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This is a request for 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
Oncology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Ophthalmology	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/17; 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
Ophthalmology	Approval	70450 CT BRAIN, HEAD		Patient has a history of thyroid issues; This study is being ordered for something other than: 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
Ophthalmology	Approval	70450 CT BRAIN, HEAD		Patient is complaining of blur x one to two months.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70450 CT BRAIN, HEAD 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	3
Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT	2

Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/17; 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
Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Patient has a history of thyroid issues; This study is being ordered for something other than: 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
Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Patient is complaining of blur x one to two months.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
Ophthalmology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Severe Stenoid Sinusitis and diabetic with new right 6 nerve palsey; 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
Ophthalmology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Ophthalmology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Ophthalmology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the brain.	2
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3 wks ago; There has not been any treatment or conservative therapy.; macular edema in right eye, optic nerve head swelling in both eyes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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.; visual loss , sudden; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; MBR has esotropia getting worse and has trouble driving vision is blurry; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/30/2017; There has been treatment or conservative therapy.; vision loss in the left eye , and pain when turning the eye in any motion; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; mva almost exactly two years ago; 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

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1 month ago no date; There has not been any treatment or conservative therapy.; blurred vision , light flashes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Assessment Unspecified chronic inflammatory disorders of orbit (H05.10).; This study is being ordered for Inflammatory/ Infectious Disease.; Unspecified chronic inflammatory disorders of orbit: H05.10. OS: Discussed diagnosis in detail with patient. unlikely Optic neuritis due to completely normal exam (including color vision being 16/16 correct), most likely orbital inflammation, possibly po; There has been treatment or conservative therapy.; The patient is a 20 year old W woman with complaint of severe pain with left eye movements. When patient looks up, down, or to the side (especially looking right) she has a sharp shooting pain in her temple and a deep ache behind her left eye. There is no; Naproxen 500 mg PO BID and if no improvement in symptoms then may need some oral steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	FOLLOW UP OF PAPILLEDEMA; This study is being ordered for Congenital Anomaly.; 5 YEARS OLD; There has been treatment or conservative therapy.; PAPILLEDEMA WITH SHUNT FAILURE S/P REVISION OF SHUNT, BILATERAL CRANIAL 4 NERVE PALSY; LUMBOPERITONEAL SHUNT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	History of tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	MILD EARLY ADEMA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2017; There has not been any treatment or conservative therapy.; EYE PAIN UPON MOVEMENT, VISION LOSS IN THE 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	70540 MRI ORBIT/FACE/NECK W/O DYE	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing; It is not known if there has been any treatment or conservative therapy.; The Pt has vision loss, monovula esotropia of left eye. Pt is glaucoma suspect. Pt has strabismus in bilateral eyes. Pt has history of vision issues since childhood.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	patient complains of left sided head pain near eye with pressure sensation. visual field testing shows minor abnormalities. testing in office indicates imaging studies as next step; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Prior history of cataract surgery in the left eye, but did not show visual improvement. We are concerned with the history of prostate cancer because it can spread to the brain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.	4
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	4
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2017; There has not been any treatment or conservative therapy.; headaches, trying to rule out ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Ophthalmology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/15/17; There has not been any treatment or conservative therapy.; vision loss, black outs after headache, visual disturbance.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Ophthalmology	Approval	70544 Mr angiography head w/o dye	patient was knock down by a cow and hit head on the ground; This study is being ordered for trauma or injury.; 11/10/2017; There has not been any treatment or conservative therapy.; patient is having extreme pain around left and left side of head and blurry vision in left eye, patient is seeing a glare out the peripheral on the right 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
Ophthalmology	Approval	70544 Mr angiography head w/o dye	Pt suffers with headaches, blacking out and sudden onset of pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/15/17; There has not been any treatment or conservative therapy.; vision loss, black outs after headache, visual disturbance.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Ophthalmology	Approval	70547 Mr angiography neck w/o dye		1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/15/17; There has not been any treatment or conservative therapy.; vision loss, black outs after headache, visual disturbance.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3 wks ago; There has not been any treatment or conservative therapy.; macular edema in right eye, optic nerve head swelling in both eyes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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.; visual loss , sudden; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; MBR has esotropia getting worse and has trouble driving vision is blurry; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/30/2017; There has been treatment or conservative therapy.; vision loss in the left eye , and pain when turning the eye in any motion; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; mva almost exactly two years ago; 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
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1 month ago no date; There has not been any treatment or conservative therapy.; blurred vision , light flashes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	A typical case as obvious drusen but adima extent beyond disk margin in quite pronounce over disk head with translucency.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Double vision in both eyes, went to ER Tuesday evening, headache begin with onset of diplopia headache was hurting form left back of head to left eye with vertical separation of images and having headache and nausea due to this issue; This request 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOLLOW UP OF PAPILLEDEMA; This study is being ordered for Congenital Anomaly.; 5 YEARS OLD; There has been treatment or conservative therapy.; PAPILLEDEMA WITH SHUNT FAILURE S/P REVISION OF SHUNT, BILATERAL CRANIAL 4 NERVE PALSY; LUMBOPERITENEAL SHUNT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches eye pain and brain tumor in the family; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History of tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MILD EARLY ADEMA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2017; There has not been any treatment or conservative therapy.; EYE PAIN UPON MOVEMENT, VISION LOSS IN THE 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 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI of brain with and without contrast to rule out mass, cerebral venous sinus thrombosis, or chiari malformation.   Patient has daily headaches in addition to ringing in the ears.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing; It is not known if there has been any treatment or conservative therapy.; The Pt has vision loss, monovula esotropia of left eye. Pt is glaucoma suspect. Pt has strabismus in bilateral eyes. Pt has history of vision issues since childhood.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient complains of left sided head pain near eye with pressure sensation. visual field testing shows minor abnormalities. testing in office indicates imaging studies as next step; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has optic atrophy and increased eye pressure. Trying to rule out compression lesion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient was knock down by a cow and hit head on the ground; This study is being ordered for trauma or injury.; 11/10/2017; There has not been any treatment or conservative therapy.; patient is having extreme pain around left and left side of head and blurry vision in left eye, patient is seeing a glare out the peripheral on the right 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
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PERIPHERAL VISION LOSS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Prior history of cataract surgery in the left eye, but did not show visual improvement. We are concerned with the history of prostate cancer because it can spread to the brain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt suffers with headaches, blacking out and sudden onset of pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	10
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2017; There has not been any treatment or conservative therapy.; headaches, trying to rule out ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Ophthalmology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; diplopia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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.; diplopia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Ophthalmology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being 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.; diplopia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Disapproval	70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Assessment Unspecified chronic inflammatory disorders of orbit (H05.10).; This study is being ordered for Inflammatory/ Infectious Disease.; Unspecified chronic inflammatory disorders of orbit: H05.10. OS: Discussed diagnosis in detail with patient. unlikely Optic neuritis due to completely normal exam (including color vision being 16/16 correct), most likely orbital inflammation, possibly po; There has been treatment or conservative therapy.; The patient is a 20 year old W woman with complaint of severe pain with left eye movements. When patient looks up, down, or to the side (especially looking right) she has a sharp shooting pain in her temple and a deep ache behind her left eye. There is no; Naproxen 500 mg PO BID and if no improvement in symptoms then may need some oral steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1

Ophthalmology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing; It is not known if there has been any treatment or conservative therapy.; The Pt has vision loss, monovula esotropia of left eye. Pt is glaucoma suspect. Pt has strabismus in bilateral eyes. Pt has history of vision issues since childhood.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	eye pain  The patient is a 20 year old W woman with complaint of severe pain with left eye movements. When patient looks up, down, or to the side (especially looking right) she has a sharp shooting pain in her temple and a deep ache behind her left eye. ; 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. < 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
Ophthalmology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Oral/Maxillofacial	Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		This is a request for a temporomandibular joint MRI.	1
Orthopedics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1
Orthopedics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		continued neck pain after failed conservative treatment; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1

Orthopedics	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3
Orthopedics	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	71250 CT CHEST, THORAX	injury in july; There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT 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 pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	71550 MRI CHEST	This study is being ordered for follow-up to trauma.; "The ordering physician is a surgeon, pulmonologist, or cardiologist."; This is a request for a chest MRI.	1
Orthopedics	Approval	71550 MRI CHEST	This study is being ordered for inflammatory disease.; The ordering physician is a surgeon or pulmonologist.; This is a request for a chest MRI.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2

Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	AP and lateral x-ray of the cervical spine ordered, obtained, and interpreted today reveals no change from previous x-rays the cervical spine. He thinks he has slight increased lordosis. Radiolucency noted through the fusion, question pseudoarthrosis; This study is 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. Status post ACDF, C6-7, on 11/21/14 with progressive right upper extremity radiculopathy; There has been treatment or conservative therapy.; She has several month history of progressive right intrascapular pain radiate down the right arm. She is undergoing chiropractic care which recently has made the right-sided neck pain worse. She has been anti-inflammatories and muscle relaxers including; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Colin McCandles patient is a 46-year-old male we have followed primarily for nonradicular neck pain. This is predominantly on the left, associated with headaches, constant posterior neck pain, limited range of motion.  We have seen him since 2016, a w; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient had MRI Cervical, results of MRI Cervical recommend CT Spine. Extensive overgrowth of the right facet at C3 3-4 with narrowing of that neural canal. Please consider a CT scan for closer evaluation of this area.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; 26-year-old female with known history of adolescent idiopathic scoliosis. She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the ; She has had 5 different courses of physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. Severe kyphoscoliosis, 100 kyphosis&#x0D; 2. Post polio syndrome&#x0D; 3. Severe degenerative disc disease and stenosis at L4-5&#x0D; 4. Status post thoracolumbar fusion 40 years ago with Harrington rod, currently removed; There has been treatment or conservative therapy.; 62-year-old female with post polio syndrome who has a chronic progressive history of moderate to severe back pain radiating to both legs bilaterally. The pain is burning and piercing. The pain is getting worse. Rest and heat does help. The patient als; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>Patient has a thoracic disc herniation at the T9-10 in the foramen on the right side with nerve compression and foraminal stenosis. Severe radiculopathy. Requesting CT to see if calcification is present; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT</p>	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	<p>She did appear to be in agreement. Tentatively our plan will be for revision of the distal fusion at L3-4 with upsizing of the L4 screw. This will allow was to get adequate fixation distally and give the optimal environment for fusion at this area. Sec; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/22/17; There has been treatment or conservative therapy.; back pain, had limited activities due to her pain into her to her restricted pain and motion. She reports that it feels like she has a knife in her back.The pain is located on the left side and she does report that it causes left-sided leg burning; She does report that she was previously taking tramadol for pain control and is now taking hydrocodone. She continues to take gabapentin.&#x0D; epidural steroid injection in the area of the disc herniation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>unknown; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT</p>	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK		2
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; 26-year-old female with known history of adolescent idiopathic scoliosis. She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the ; She has had 5 different courses of physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/13/2017; There has been treatment or conservative therapy.; severe right sided low back pain; Patient has been seeing a Chiropracter; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	<p>; This study is 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. Severe kyphoscoliosis, 100 kyphosis&#x0D; 2. Post polio syndrome&#x0D; 3. Severe degenerative disc disease and stenosis at L4-5&#x0D; 4. Status post thoracolumbar fusion 40 years ago with Harrington rod, currently removed; There has been treatment or conservative therapy.; 62-year-old female with post polio syndrome who has a chronic progressive history of moderate to severe back pain radiating to both legs bilaterally. The pain is burning and piercing. The pain is getting worse. Rest and heat does help. The patient als; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/17; There has been treatment or conservative therapy.; Persistant low back pain. left sided thoracolumbar pain. Post lumbar spine fusion L4 to the sacrum; Physical therapy, Medication and lifestyle modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>1. Grade 1 degenerative spondylolisthesis, L4-5 with lateral recess narrowing, foraminal narrowing with bilateral radiating numbness and tingling&#x0D; 2. Grade 1 mild degenerative spondylolisthesis, L3-4 &#x0D; 3. Multilevel lumbar degenerative disc disease; This study is being ordered for a neurological disorder.; 12/16/2014; There has been treatment or conservative therapy.; Grade 1 degenerative spondylolisthesis, L4-5 with lateral recess narrowing, foraminal narrowing with bilateral radiating numbness and tingling&#x0D; Grade 1 mild degenerative spondylolisthesis, L3-4 &#x0D; Multilevel lumbar degenerative disc disease; Outpatient physical therapy.&#x0D; Home exercise program; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/17; There has been treatment or conservative therapy.; Persistant low back pain. left sided thoracolumbar pain. Post lumbar spine fusion L4 to the sacrum; Physical therapy, Medication and lifestyle modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals grade 1 spondylolisthesis did not at L34. Prior anterior fusion at L5-S1. L4-5 looks okay on x-ray alignment wise but has had a prior decompression posteriorly. T; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/16/2017; There has been treatment or conservative therapy.; 58-year-old gentle status post multiple spinal surgeries. He has the main issue is severe back pain radiating to the left buttock and leg mainly above the knee ongoing with standing and walking. He can only stand and walk for very short periods before h; e has had epidural injections and physical therapy. He has had 3 prior spinal surgeries.; 2008 L5-S1 fusion with Dr. Greenberg.; 2013 L4-5 laminectomy by Dr. adamez.; 2013 L3-4 laminectomy by Dr. adamez; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	For some reason the patient's insurance company is declining further imaging. The patient has a very dermatomal postoperative radiculopathy that worse than before surgery. She is now developing neurologic deficit and foot drop. This may could have been; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	10
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	10
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	35
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		3
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. > This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in digit in hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2005; There has been treatment or conservative therapy.; Pain getting severe, aching burning, throbbing, cold sensations in upper extremity.; medications, home exercise, injection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2012; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for weakness in right arm.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 55-year-old white male bilateral shoulder rotator cuff arthropathy. He does have mildly decreased grip strength bilaterally. Anterior deltoid is intact. MRI of the C-spine is ordered today to rule out neuropathic shoulder and/or C-spine involvement. I; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; 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 Weakness of both upper extremities was observed, Light touch sensation is diminished through the left upper extremity.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; 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.; On physical exam this is a healthy-looking gentleman with a height of 5 feet 9 inches and weight of 177 pounds. On physical exam of the shoulder there was no sign of atrophy, deformity, skin changes, swelling or scarring. He has evidence of a scar on the shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p> <p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/17; There has been treatment or conservative therapy.; over the last year so she is been developing worsening back pain and a lump in her lower back on the left side.; a popping sensation. She also leans forward and has some difficulty with at extending back up from a flexed position. some shoulder discomfort; She is able to get some pain relief with wearing a brace. She takes Aleve prescription strength for her pain and uses an over-the-counter sleep aid.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/15; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years; There has been treatment or conservative therapy.; This patient states that she is had persistent problems with left shoulder and neck pain for approximately 2 years. She had this evaluated in Batesville, Arkansas couple of years ago. She was told at that time that she had some sore muscles and was give; Cortisone Injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>1. Chronic neck pain and intrascapular pain&#x0D; 2. status post right L5-S1 microdiscectomy on 9/5/17; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/14/17; There has been treatment or conservative therapy.; Concerning the cervical spine, She has a chronic history of multiple years of neck pain and left intrascapular pain. She has numbness into the right small finger as well.; he has had at least 40 visits of physical therapy and chiropractic care. She has had muscle relaxers and anti-inflammatory's.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>AP and lateral x-ray of the cervical spine ordered, obtained, and interpreted today reveals no change from previous x-rays the cervical spine. He thinks he has slight increased lordosis. Radiolucency noted through the fusion, question pseudoarthrosis; This study is 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. Status post ACDF, C6-7, on 11/21/14 with progressive right upper extremity radiculopathy; There has been treatment or conservative therapy.; She has several month history of progressive right intrascapular pain radiate down the right arm. She is undergoing chiropractic care which recently has made the right-sided neck pain worse. She has been anti-inflammatories and muscle relaxers including; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>His curvature is rather severe. It is definitely contributing to his back pain. It is likely to continue to progress throughout his life in cause progressive disability and possibly pulmonary impairment.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; There has not been any treatment or conservative therapy.; WORSENING THORACIC AND LUMBAR BACK PAIN; SCOLIOSIS, SOMETIMES WEAKNESS, AS WELL AS INTERMITTENT NUMBNESS ALONG 1 SIDE OF THE BODY; INTERMITTENT MUSCLE CRAMPS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>IMPRESSION:&#x0D; #1. C-spine herniated nucleus pulposus versus foraminal stenosis with C6 and C7 radiculopathy left more symptomatically and right&#x0D;&#x0D; &#x0D; &#x0D; &#x0D; &#x0D; PLAN:&#x0D; #1. Secondary to his continued pain in his main complaints with with weakness and upper extrem; 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.;</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient has tried Tylenol Ibuprofen and Aleve with no relief.</p> <p>None; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt has weakness on the right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2016; There has been treatment or conservative therapy.; Piercing pain in back with radiculopathy to the extremities. Difficulty walking. tingling and numbness in extremities; Nonsteroidal anti-inflammatory medications, lifestyle modifications, spinal exercises and failed x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>numbness in left hand. Left sided 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.; Numbness, and hurts when touching, Inflammation.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p> <p>Review of Systems ros negative except as stated above in HPI&#x0D; Physical Exam The patient is in no apparent distress is alert oriented times 3 and has hearing and comprehension intact to the spoken word. Their respirations are even and unlabored.&#x0D; Imaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>She returns today for recheck of her right shoulder pain. She reports minimal improvement since starting physical therapy. She continues to have substantial catching. She also describes episodes circumferential nondermatomal weakness in the right shoul; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/17; There has been treatment or conservative therapy.; right shoulder pain, weakness; She reports minimal improvement since starting physical therapy. This has not improved despite rest, physical therapy, or anti-inflammatories.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.</p>	2
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.</p>	2
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.</p>	3
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.</p>	9
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.</p>	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There seems to be a disconnect between the nerves that originate in her neck and the muscles they control.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; scapular winging and dyskinesia. Radiating and burning shoulder pain from her shoulder down to her arm. numbness and tingling. weakness with shoulder flexion, extension, abduction, and adduction.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	3
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	9
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?;	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	42
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	37
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	3
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	17

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	23
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	4
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; C4 injury of spinal cord; Neck pain; Quadriplegia; It is not known if the patient have new or changing neurological signs or symptoms.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	7
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2012; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; 26-year-old female with known history of adolescent idiopathic scoliosis. She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the ; She has had 5 different courses of physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/17; There has been treatment or conservative therapy.; over the last year so she is been developing worsening back pain and a lump in her lower back on the left side.; a popping sensation. She also leans forward and has some difficulty with at extending back up from a flexed position. some shoulder discomfort; She is able to get some pain relief with wearing a brace. She takes Aleve prescription strength for her pain and uses an over-the-counter sleep aid.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. Severe kyphoscoliosis, 100 kyphosis&#x0D; 2. Post polio syndrome&#x0D; 3. Severe degenerative disc disease and stenosis at L4-5&#x0D; 4. Status post thoracolumbar fusion 40 years ago with Harrington rod, currently removed; There has been treatment or conservative therapy.; 62-year-old female with post polio syndrome who has a chronic progressive history of moderate to severe back pain radiating to both legs bilaterally. The pain is burning and piercing. The pain is getting worse. Rest and heat does help. The patient als; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/15; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/17; There has been treatment or conservative therapy.; Persistant low back pain. left sided thoracolumbar pain. Post lumbar spine fusion L4 to the sacrum; Physical therapy, Medication and lifestyle modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>1. Chronic neck pain and intrascapular pain&#x0D; 2. status post right L5-S1 microdisectomy on 9/5/17; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/14/17; There has been treatment or conservative therapy.; Concerning the cervical spine, She has a chronic history of multiple years of neck pain and left intrascapular pain. She has numbness into the right small finger as well.; he has had at least 40 visits of physical therapy and chiropractic care. She has had muscle relaxers and anti-inflammatory's.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	His curvature is rather severe. It is definitely contributing to his back pain. It is likely to continue to progress throughout his life in cause progressive disability and possibly pulmonary impairment.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; There has not been any treatment or conservative therapy.; WORSENING THORACIC AND LUMBAR BACK PAIN; SCOLIOSIS, SOMETIMES WEAKNESS, AS WELL AS INTERMITTENT NUMBNESS ALONG 1 SIDE OF THE BODY; INTERMITTENT MUSCLE CRAMPS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.;	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	3
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2016; There has been treatment or conservative therapy.; Piercing pain in back with radiculopathy to the extremities. Difficulty walking. tingling and numbness in extremities; Nonsteriodal anti-inflammatory medications, lilestyle modifications, spinal excercises and failed x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Review of Systems ros negative except as stated above in HPI Physical Exam The patient is in no apparent distress is alert oriented times 3 and has hearing and comprehension intact to the spoken word. Their respirations are even and unlabored. Imaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	She did appear to be in agreement. Tentatively our plan will be for revision of the distal fusion at L3-4 with upsizing of the L4 screw. This will allow was to get adequate fixation distally and give the optimal environment for fusion at this area. Sec; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/22/17; There has been treatment or conservative therapy.; back pain, had limited activities due to her pain into her to her restricted pain and motion. She reports that it feels like she has a knife in her back.The pain is located on the left side and she does report that it causes left-sided leg burning; She does report that she was previously taking tramadol for pain control and is now taking hydrocodone. She continues to take gabapentin.; epidural steroid injection in the area of the disc herniation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Imaging was again reviewed and shows what appears to be a type II Shermans deformity with approximate 45 of kyphosis at the thoracolumbar junction. I do see wedging of 3 consecutive vertebral bodies. He appears to be a Risser 4-5; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		2
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Norco, hydrocodone	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/17; There has been treatment or conservative therapy.; Pain, tenderness; Injections, PT, Chiro Care, Medication, 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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2012; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; 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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Hips: Bony Palpation Right: tenderness of the SI joint and the greater trochanter. Bony Palpation Left: tenderness of the SI joint and the greater trochanter. Soft Tissue Palpation Right: no tenderness of the hip flexor muscles. Soft Tissue Palpation Left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mr. Johnson returns for follow up of his chronic bilateral sciatica, left greater than right, with a history of foraminal stenosis bilaterally at L3-4 and L4-5. We have not seen him for about twenty months. He had two LESI's ordered the last time I saw ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and instability of lower extremities with positive Overs test on right side positive Gaenlen's test as well.xrays of lumbar spine unremarkable.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness of left lower extremities was observed. Patellar and achilles tendon reflexes 2+ bilaterally. Light touch sensation is diminished throughout left lower extremity. Positive left straight leg raise.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Right knee positive grind sign motion is full. Mildly positive straight leg raise test on right. Diminished strength in the L4-L5 and S1 distributions and diminished sensation in the L4 distribution as well. No long track signs noted	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; 26-year-old female with known history of adolescent idiopathic scoliosis. She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the ; She has had 5 different courses of physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/17; There has been treatment or conservative therapy.; over the last year so she is been developing worsening back pain and a lump in her lower back on the left side.&#x0D; a popping sensation. She also leans forward and has some difficulty with at extending back up from a flexed position. some shoulder discomfort; She is able to get some pain relief with wearing a brace. She takes Aleve prescription strength for her pain and uses an over-the-counter sleep aid.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/13/2017; There has been treatment or conservative therapy.; severe right sided low back pain; Patient has been seeing a Chiropracter; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. Severe kyphoscoliosis, 100 kyphosis&#x0D; 2. Post polio syndrome&#x0D; 3. Severe degenerative disc disease and stenosis at L4-5&#x0D; 4. Status post thoracolumbar fusion 40 years ago with Harrington rod, currently removed; There has been treatment or conservative therapy.; 62-year-old female with post polio syndrome who has a chronic progressive history of moderate to severe back pain radiating to both legs bilaterally. The pain is burning and piercing. The pain is getting worse. Rest and heat does help. The patient als; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/15; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>1. Grade 1 degenerative spondylolisthesis, L4-5 with lateral recess narrowing, foraminal narrowing with bilateral radiating numbness and tingling; 2. Grade 1 mild degenerative spondylolisthesis, L3-4 ; 3. Multilevel lumbar degenerative disc disease; This study is being ordered for a neurological disorder.; 12/16/2014; There has been treatment or conservative therapy.; Grade 1 degenerative spondylolisthesis, L4-5 with lateral recess narrowing, foraminal narrowing with bilateral radiating numbness and tingling; Grade 1 mild degenerative spondylolisthesis, L3-4 ; Multilevel lumbar degenerative disc disease; Outpatient physical therapy.; Home exercise program; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals grade 1 spondylolisthesis did not at L34. Prior anterior fusion at L5-S1. L4-5 looks okay on x-ray alignment wise but has had a prior decompression posteriorly. T; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/16/2017; There has been treatment or conservative therapy.; 58-year-old gentle status post multiple spinal surgeries. He has the main issue is severe back pain radiating to the left buttock and leg mainly above the knee ongoing with standing and walking. He can only stand and walk for very short periods before h; e has had epidural injections and physical therapy. He has had 3 prior spinal surgeries.; 2008 L5-S1 fusion with Dr. Greenberg; 2013 L4-5 laminectomy by Dr. adamez; 2013 L3-4 laminectomy by Dr. adamez; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals severe disc space narrowing with degenerative changes at L4-5. Moderate to severe disc space narrowing at other levels of the lumbar spine. When compared to prior ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p> <p>Chief complaint: Low back pain.; Mr Bradley is a 59 year old male who presents to my clinic for the first time. He complains of lower back pain with pain in the hips and lower extremities. He presents with numbness on the right side. In addition, he pr; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals severe disc space narrowing with degenerative changes at L4-5. Moderate to severe disc space narrowing at other levels of the lumbar spine. When compared to prior ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic low back pain with history of disc hernation. It is hard to say what is going on. She had an MRI scan done about 2 years ago, but we do not have it or the report.   She also has some lymphedema type problem in the right leg. I do not think it is; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic low back pain. Persistent Thoracolumbar pain persistent Possible facetogenic obesity class III; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Chronic low back pain. Persistent Thoracolumbar pain persistent Possible facetogenic obesity class III; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FACET JOINT ARTHROSIS THROUGH OUT THE LUMBAR SPINE, NUMBNESS IN LEFT FOOT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	For some reason the patient's insurance company is declining further imaging. The patient has a very dermatomal postoperative radiculopathy that worse than before surgery. She is now developing neurologic deficit and foot drop. This may could have been; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	His curvature is rather severe. It is definitely contributing to his back pain. It is likely to continue to progress throughout his life in cause progressive disability and possibly pulmonary impairment.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; There has not been any treatment or conservative therapy.; WORSENING THORACIC AND LUMBAR BACK PAIN; SCOLIOSIS, SOMETIMES WEAKNESS, AS WELL AS INTERMITTENT NUMBNESS ALONG 1 SIDE OF THE BODY; INTERMITTENT MUSCLE CRAMPS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain with occasional radiating leg pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>On physical examination, there is pain to palpation of the lower lumbar spine. There is pain to flexion and extension of the lower lumbar spine. There is pain to straight leg raising on the involved side, and to a lesser degree on the uninvolved side. ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; On physical examination, there is pain to palpation of the lower lumbar spine. There is pain to flexion and extension of the lower lumbar spine. There is pain to straight leg raising on the involved side, and to a lesser degree on the uninvolved side. ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p> <p>Pain is severe in intensity and burning, sharp in nature. Pain is getting worse. Pain radiates into the right buttock, thigh, shin to the ankle. Positive for numbness, tingling. Pain is aggravated with bending, lifting, standing, stairs, walking, exerc; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals slight lateral curvature. There is lateral listhesis L2 -3. There is grade 1 spondylolisthesis L4-5. Moderate to severe disc space narrowing L4-5. Possible radio;</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p> <p>Patient is 6 months post decompression and interbody fusion at L5-S1. Last week developed low back pain radiating posteriorly in her hamstrings down to her right knee. She has a positive straight leg raise on the right side. She is currently using medica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient was in for a follow up on her microdiscectomy L5-S1 done August 2, 2017. Pt is having sporadic back pain with a pulling sensation in her legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Review of Systems ros negative except as stated above in HPI&#x0D; Physical Exam The patient is in no apparent distress is alert oriented times 3 and has hearing and comprehension intact to the spoken word. Their respirations are even and unlabored.&#x0D; Imaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>She returns today to discuss severe low back pain which radiates down bilateral legs to the knees in an L5 dermatomal distribution. This is worse constantly without any improving position or therapy. She previously has tried physical therapy and medicat; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Left Hip: tender to palpation at the distal gluteus medius. Flexion 100, FIR 20, FER 45.&#x0D; Right Hip: tender to palpation at the distal gluteus medius. Flexion 100, FIR 20, FER 45.&#x0D; Her previous MRI showed a disc herniation at L5/S1 with no evidence of si</p>	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	10		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does 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	0.44 (H);	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	22		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	2		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	3		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	119		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	3		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	41		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	2		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	52		
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1		

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This is a 44-year-old female who presents with low back pain. She has a few month history of back pain, reports pain started around this past summer. Denies any injury. Pain is moderate to severe in intensity and she has pain at night. Pain is aching; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2017; There has been treatment or conservative therapy.; Medial and lateral pain in her knee, painful walking, trouble getting up and down.; OTC pain relievers, and some physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	X rays on R showed no fracture, no degenerative changes, loss of disc space height arthropathy l4-5, slight calcification of the arterial vessel to the lumbar spine; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Flexion and extension is limited to no more than 50 degrees flexion and 0 degrees of extension, tender to palpitation lower back, no dimension on the lateral side of the R, reflex 1/4 on the patellar; 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Xrays were taken today and show moderate DJD of the lower lumbar spine without spondylolisthesis; On physical examination there is moderate pain to palpation of the lower lumbar spine. There is pain to flexion and extension of the lower lumbar spine as w; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	BONE LESION; This study is being ordered because of a suspicious mass/ tumor.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	evaluate bone healing and plan for internal fixation removal; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	Mr. Wimberly is a 27-year-old male who comes in today for evaluation of his right hip. He has had pain in his right hip for about 3 weeks. 3 weeks ago he was involved in a motor vehicle accident. He tried to swerve to miss a deer and hit a tree He was an; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; It is not known if there is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient is having severe bilateral hip pain, and the physician ordering is an orthopedic surgeon performing a pre-operative evaluation of the patient.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	Physician ordering is an orthopedic surgeon needing this scan as a preoperative exam for this patient to have her hip operated on.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	The ordering physician is an orthopedic surgeon. The patient is having severe pelvic and bilateral hip pain, and the physician needs the CT scan for a pre-operative evaluation.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72196 MRI PELVIS		1
Orthopedics	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	2
Orthopedics	Approval	72196 MRI PELVIS	Hist of back pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Orthopedics	Approval	72196 MRI PELVIS	No info given.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 MRI PELVIS	Patient is complaining about pain in both her hips. Cannot walk without significant pain. she must sit down to relieve the pain. Pain is probably caused by Avascular Necrosis .; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 MRI PELVIS	Questionable osteomyelitis of right iliac wing with ileo psoas abscess per MRI. See Infectious Disease notes about patient's recent admission to the Med Center for septic shock. He was in renal failure therefore unable to get MRI with contrast. Osteomy; This study is being ordered for Inflammatory/ Infectious Disease.; 10/6/17; There has been treatment or conservative therapy.; ; He returns in f/u of MRSA bacteremia and septic hip and iliacus osteomyelitis. He was in hospital from 8/26/17 to 9/8/17. He completed 6 wks of IV vancomycin on 10/8/17 with complication of redman Sx requiring his daily dose of vancomycin to infuse over; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72196 MRI PELVIS	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 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	4
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	7
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	4
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	2
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY		1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; don't know; There has been treatment or conservative therapy.; swelling; not sure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73200 CT ARM OR UPPER EXTREMITY	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	65
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	18
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	7
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity.	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for trauma or injury.; 11/27/2017; There has been treatment or conservative therapy.; Pain and swelling; NSAIDs and brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Due to persistent pain and swelling per the patient with a normal x-ray and lack of response to anti-inflammatories recommended a MRI for further evaluation. An MRI of the Right Wrist was ordered. The patient is to return when the result of MRI is availa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Due to persistent pain and swelling per the patient with a normal x-ray and lack of response to anti-inflammatories recommended a MRI for further evaluation. An MRI of the Right Wrist was ordered. The patient is to return when the result of MRI is availa; There has not been any treatment or conservative therapy.; Pain is severe with a rating of 10/10. She describes the symptoms as aching. The symptoms come and go. Since the onset, she reports the problem is getting worse. The symptoms are made worse with gripping. The patient experiences swelling, numbness, stiffn; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Enter answer here - or Type In Unknown If No Info Given  last 3 to 4 weeks she has noticed what feels like "a cyst" at the thenar eminence of her right hand. On examination of her right upper extremity, she has no skin wounds or rashes, no erythema, w; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; 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 neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.; There is suspicion of upper extremity bone or soft tissue infection.	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	28
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	17
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	2
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	4
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		6
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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 MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years; There has been treatment or conservative therapy.; Right shoulder pain, Limited ROM, stiffness, popping, knee pain, popping, Locking, stiffness.; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2005; There has been treatment or conservative therapy.; Pain getting severe, aching burning, throbbing, cold sensations in upper extremity.; medications, home exercise, injection,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Knee 12/18/2015, shoulder 8/9/2017.; There has been treatment or conservative therapy.; Shoulder and arm pain, worse on movement, pain radiates from lateral shoulder to arm. No improvement with anti-inflammatory; Injection for right knee; steroid injection and ice for shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/11/2017; There has not been any treatment or conservative therapy.; pain and popping in shoulder in shoulder and knee.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; 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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; voltaren and naproxen; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; It is not known if there has been any treatment or conservative therapy.; This nice lady is having pain soreness in either hand and wrist. Particularly she points to the anatomic snuffbox of either hand. Wrist range of motion is painful for her. She has a history of rheumatoid arthritis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years; There has been treatment or conservative therapy.; This patient states that she is had persistent problems with left shoulder and neck pain for approximately 2 years. She had this evaluated in Batesville, Arkansas couple of years ago. She was told at that time that she had some sore muscles and was give; Cortisone Injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for trauma or injury.; 11/27/2017; There has been treatment or conservative therapy.; Pain and swelling; NSAIDs and brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	10-13-17: HPI: This patient is here today for a new complaint of pain and problems his left shoulder for the past 2 weeks. He reports he is having severe pain over the lateral aspect of the shoulder with some radiation into the upper arm. He reports the ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	55 yr old male patient w/ chronic 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 MRI JOINT OF UPPER EXTREMITY	abnormal xrays, bilat shoulder pain from injury, crepittance.; This study is being ordered for trauma or injury.; 10.2.17; There has been treatment or conservative therapy.; bilat shoulder pain w crepittance, abnormal xrays; nsaid, oral analgesics, no lifting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Because of the significant weakness of his rotator cuff with preserved range of motion I would like to obtain an MRI of his right shoulder to evaluate for rotator cuff tear. Follow up with me after. The patient's right shoulder is normal in appearance, ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Chronic pain in R shoulder and cervical radiculopathy; This study is being ordered for trauma or injury.; 11/01/2017; There has been treatment or conservative therapy.; Instability of R Shoulder joint.  Cervical Radiculopathy; Patient has done home exercises with no good results as well as nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	DOI 8/11/17 FELL ON SHOULDER. OBRIENS'S TEST - POSITIVE, HAWKINS TEST- POSITIVE,AND NEER'S TEST- POSITIVE. TAKING MEDICATIONS: DUEXIS & MELOXICAM. HAS TRIED REST, ICE, NSAIDS, ANS HOME EXERCISE PLAN. SYMPTOMS:PAIN, DECREASED MOBILITY, WEAKNESS.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Due to persistent pain and swelling per the patient with a normal x-ray and lack of response to anti-inflammatories recommended a MRI for further evaluation. An MRI of the Right Wrist was ordered. The patient is to return when the result of MRI is availa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Due to persistent pain and swelling per the patient with a normal x-ray and lack of response to anti-inflammatories recommended a MRI for further evaluation. An MRI of the Right Wrist was ordered. The patient is to return when the result of MRI is availa; There has not been any treatment or conservative therapy.; Pain is severe with a rating of 10/10. She describes the symptoms as aching. The symptoms come and go. Since the onset, she reports the problem is getting worse. The symptoms are made worse with gripping. The patient experiences swelling, numbness, stiffn; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Enter answer here - or Type In Unknown If No Info Given  last 3 to 4 weeks she has noticed what feels like "a cyst" at the thenar eminence of her right hand. On examination of her right upper extremity, she has no skin wounds or rashes, no erythema, w; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Enter answer here - or Type In UnknownHistory of Present Illness: Jimmy is a 56 year old male with bilateral shoulder pain that has been going on for a long period of time. About 6 or 7 years ago, he dislocated his right shoulder and he was reduced in t; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Had an injection 6 months ago. using it makes it worse.; 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.; Xanax; The patient received medication other than joint injections(s) or oral analgesics. Has been to physical therapy and had steroid injection of which only helped about a week.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	He has pain right over the radiostyloid and x-rays do show some bone changes in this area also consistent with a distal radius fracture.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	He has previously had right rotator cuff repair 12/22/2016. He fell down stairs approximately one month ago and has had limited range of motion and pain. MRI is ordered to evaluate the rotator cuff.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	LEFT shoulder pain after she fell directly on her shoulder on 11/1/17. No pain at night. No associated numbness and tingling.; No previous surgeries or problems with this shoulder. ; The pain is described as a stabbing, burning pain that is constant and ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	left shoulder pain not relieved after steroid injection.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	No relief from pain with surgery, medication and steroid injections..Upper extremity pain with paresthesias and weakness down to his hands. has had some balance issues with frequent falls. Pain is severe and getting worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/19/16; There has been treatment or conservative therapy.; Bilateral upper extremity pain. Upper sternum pain with paresthesias and weakness down to the bilateral hands.; Cervical Spine surgery, medication and steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	None; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	PAIN W/ ACTIVITY, IN BRACE, MEDS, HOME EXER; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patient has not improved with conservative treatment including physical therapy, rest, subacromial injection, and trigger point injections. Left shoulder pain with scapulothoracic dysfunction. The right shoulder shows on exam: Impingement sign is positiv; This study is being ordered for trauma or injury.; May 2013; There has been treatment or conservative therapy.; Pain, stiffness, clicking, popping and weakness; The symptoms have improved with bracing. The symptoms are made worse with physical therapy. There has been no change in the symptoms with heat, rest and injection. Physical therapy started 2015. Injection(s) started Steroid injection 11/2/2016,5/11/2017, ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>PATIENT IS HAVING SEVERE RIGHT SHOULDER PAIN. PATIENT HAS LIMITED ROM IN HIS RIGHT ARM/SHOULDER. PATIENT IS UNABLE TO RAISE ARM ABOVE HEAD. PATIENT HAS BEEN TAKING ADVIL WITH NO RELIEF AND HAS BEEN WEARING A SLING FOR COMFORTABLE.; 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.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patients initial injury was 7/10/17. Patient was seen at Emergent Care same day with x-rays taken. Patient saw PCP one week later. Patient is taking NSAIS. Patient referred to us 10/10/17. Patients x-rays reviewed. Patient given steroid injection. Patient; 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.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Positive Rent test and limited range of motion. MRI is ordered for evaluation.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>possible 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.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Post seizure weakness is of concern for significant cuff tear in left shoulder and cuff re-tear of right shoulder.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Very nice 45-year-old underwent repair of very large right rotator cuff tear 3 months ago. He had recovered quite nicely in and resumed work without difficulty. I had discussed precautions at work with him. He finished his normal work day 4 days ago witho; There has not been any treatment or conservative therapy.; Post seizure weakness is of concern for significant cuff tear in left shoulder and cuff re-tear of right shoulder.&#x0D; &#x0D; bilateral shoulder weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	pt had mva .14.17, + Hawkins + cross chest adduction, r/o cuff tear.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. Reaching out to pick something up is a problem. Activities such as driving bother him. He is able to reach the lumbar spine but this causes a pulling sensation in his anterior shoulder, he can reach overhead but only with pain. Dr Ball felt his symptom; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Right shoulder demonstrates tenderness over the AC joint, positive cross body adduction test, positive O'Brien's; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	RIGHT shoulder pain after a fall while working on the tow boats in late 2014. Pt has pain at night. Some associated numbness and tingling in the hand going up the arm. Pt had a MRI on this shoulder in 2015 and was told at that time he had just sprained/s; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	ROTATOR CUFF TEAR; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; 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.; NSAIDS, muscle relaxants and HEP for 6 months; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	rt shoulder pain for several weeks, + cross chest adduction, + neer's, speed's test positive, leaning towards diagnosis of 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	RTC TEAR. MVA 9/28/15 HAS BOTHERED HER FOR 2 YEARS.SYMTOMS: PAIN, NUMBNESS, TINGLING IN ARMS, CREPITUS, DECREASED MOBILITY, JOINT INSTABILITY, JOINT LOCKING, JOINT TENDERNESS, POPPING, WEAKNESS. PYSICAL EXAM: BIL LAT STRENGTH DECREASED. BILAT POSTIVES HAW; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	She returns today for recheck of her right shoulder pain. She reports minimal improvement since starting physical therapy. She continues to have substantial catching. She also describes episodes circumferential nondermatomal weakness in the right shoul; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/17; There has been treatment or conservative therapy.; right shoulder pain, weakness; She reports minimal improvement since starting physical therapy.This has not improved despite rest, physical therapy, or anti-inflammatories.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Since he has failed conservative treatment I think he should have an MRI performed. We will order that and see him back once it is completed.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Surgery not scheduled but will be once we get a confirmation through MRI that it is a left distal biceps rupture Surgery will be scheduled right away.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	7
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI; This study is requested for evaluation of wrist pain.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI; This study is requested for evaluation of wrist pain.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient does have a biceps rupture. The patient does have atrophy of the supraspinatus and infraspinatus.The patient does have SA crepitation. The patient does have pain with range of motion. The patient does have pain with strength testing.; 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.; Mobic; The patient received medication other than joint injections(s) or oral analgesics.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	4
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; . 62-year-old known to me from previous open left rotator cuff surgery years ago fell on her dominant right shoulder 2 weeks ago at home. Severe pain and some weakness since. She felt to have before meals sprain in the ER and sling was applied. Denies pri	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Acute, severe onset of R shoulder pain. Examination shows a Positive Hawkins Impingement, Kim Test Positive. O'Brien Positive. Significant tenderness to palpation at the biceps groove with tenderness at the greater tuberosity, AC joint and posterior joi	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Impingement provocative positions. cuff generates less than expected force on super spinatus testing and is very painful. She has some prominence at the A.C. joint but no instability	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pain and weakness in the right shoulder. Patient has completed physical therapy but is not doing any better. He has a positive Jobe Impingement, positive Hawkins Impingement.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pain and weakness in the right shoulder. He has pain with posterior side of the humeral head. pain about the bicep groove. Rotator cuff is intact but weak	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has a Left rotator cuff tear likely	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient is unable to elevate her shoulder. Severe pain with extremes of abduction, Hawkins test is positive, Neers test is positive. Patient has a probable torn rotator cuff..	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; possible rotator cuff tear. Pain for over a year.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt complaining of L shoulder pain for several months. difficulty raising overhead, and radiating to her elbow. painful at night.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Referred here today for right shoulder pain. He has had right shoulder pain for the last couple of years. He has had 2 previous C-spine surgeries which have relieved some of his radicular arm pain. He just moved from New York. He had an MRI one year ago w	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Right shoulder demonstrates tenderness over the AC joint, positive cross body adduction test, positive O'Brien	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; shoulder exam	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; shoulder pain chronic	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Shoulder pain has persisted for the last 5 or 6 months. Diclofenac helps but only temporarily. He had left shoulder arthroscopic cuff repair from near complete tear by me last year as well as large SLAP repair done 17 months ago. In recent months he's had	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected rotator cuff tear,	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Chronic right shoulder pain for greater than one year	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Doctor suspect Labral Tear / RCT	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; HISTORY OF PRESENT ILLNESS: Referred here today for left shoulder pain and weakness. This is been bothering him for the last couple of weeks. He does not remember a specific history of trauma. He is complaining of significant weakness in his left shoulder	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient had a fall onto the right shoulder	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; She has had left shoulder pain on and off for years but the pain has worsened in the past 3 weeks. She has tried conservative treatment of heat, rest and Tylenol without relief. X-rays were negative from orthopedic standpoint. Cross arm test is positive f	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; She has right shoulder pain on and off for years but the pain has worsened in the past 3 weeks. She has tried conservative treatment of heat, rest and Tylenol without relief. X-rays were negative from orthopedic standpoint. Cross arm test is positive for	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; The patient is being evaluated for SLAP lesion of the right shoulder. His pain started after playing basketball 12-10-2017. No change in the symptoms with rest and Ibuprofen since 12-10-17. Findings on exam, global tenderness, limited range of motion due	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	468
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	8
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 11.17.17 pt was cleaning off the kitchen table and she tripped over a dog and fell onto the shoulder. concern for acute rotator cuff tear.AC joint compression + and Hawkins +	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 11.9.17 pt had football injury and fell onto outstretched arm, subluxation	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; INJURY 11/28/17 LIFTING WORKING OUT. SYMPTOMS: PAIN, NUMBNESS, TINGLING IN ARM, CREPITUS, JOINT INSTABILITY, JOINT LOCKING, POPPING, SPASMS. LIMITED ROM. STABILIT/LAXITY-ANTERIOR APPREHENSION-LEFT POSTIVE. RELOCATION- LEFT - POSITIVE. 12/12/17 XRAY- NORMA	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has deficits in or problems with: pain, decreased function; Patient should benefit from skilled physical therapy intervention.; Treatment plan will include: modalities as needed for pain/inflammation and therapeutic exercises, including a HEP; Fre	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt has pain with crossover testing, some weakness with supraspinatus isolation testing, pain with impingement testing, and pain with direct palpitation over the a.c. joint	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Reginald Blanton is a 52-year-old with complaints of bilateral shoulder pain, left greater than right. ; Past medical history and review of systems: Hypertension, GERD, history of peptic ulcer, obesity ; Allergies: Ibuprofen; Blood pressure 11	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; unknown	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	13
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; There are documented findings of crepitus.; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; There are documented findings of pain.; It is not known if there are documented findings of crepitus.; It is not known if there are documented findings of swelling.; ; It is not known if the patient is experiencing joint locking or instability.; It is not known if the patient has a documented limited range of motion on physical examination.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient is experiencing joint locking or instability.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	9
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.).";	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Adhesive capsulitis left shoulder which at this point is quite chronic for this individual. His functional loss of motion is quite debilitating. I think this individual is probably going to require an arthroscopic capsulotomy.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; He reports his pain began after he was throwing a rag ball when he felt numbness and pain radiate down the arm.; He complains of numbness and tingling in the hand that comes and goes, the numbness is worse at night. He reports he has had some pain prior	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; LEFT shoulder pain secondary to subacromial impingement/bursitis/tendonitis and possible RCT	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; LEFT shoulder pain, X-ray: 4 views LEFT shoulder with No Glenohumeral arthritis, Mild AC joint arthritis, and a Type 2 acromion. LEFT shoulder pain secondary to subacromial impingement/bursitis; tendonitis. Need an MRI to R/O RCT	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Outside x-rays RT shoulder show non displaced clavicle fracture and minimally displaced scapula fracture.&#x0D; MRI to R/O labral tear vs. RCT and follow up with results. Pt to continue sling until f/u. Steroid DP and Mobic prescribed.</p> <p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Pt points to the anterior shoulder and down under the arm along the chest wall as her most painful area. She reports not being able to push a door open, or reach back behind without significant pain. She uses Voltaren Gel, and states it helps some. Pt is</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Pt reports some pain at night when laying on the shoulder. No associated numbness and tingling.No previous surgeries or problems with this shoulder. He reports for a time after the accident, he was unable to raise the arm. He notes some feelings of insta</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; RIGHT shoulder pain since June 2017. No specific injury. Pt reports pain at night. No associated numbness and tingling. No previous surgeries or problems with this shoulder. Pt points to the anterior shoulder as the area of most pain. The pain is describ</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Significant pain in her right shoulder, X-rays of the right shoulder show &#x0D; a-c arthritis and subacromial spurring, with a probable rotator cuff tear. Additionally there is biceps tendinitis present.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is described as sharp, achy pain that is constant and varies from 4-8 out of 10 in severity. &#x0D; The pain is worse with overhead activity and reaching behind and better with rest and medications. Pt reports he has had steroid injections before. Pt</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is worse with lifting heavy objects and better with rest and medications. &#x0D; She reports the past injections have helped some. &#x0D; No medications. Her previous MRI showed a partial RCT.</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; This left him dangling using his left arm for suspension support. He is been having substantial pain and soreness in the anterior lateral aspect of his left shoulder since that time. This man notes he is unable to do any weight workouts secondary to sev	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; This young lady describes a snapping sensation she gets around her coracoid process on an occasional basis. She cannot recall any specific problem that causes this. She denies any trauma with the right shoulder. She rates her pain 8 on a 10 point scale	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; on his non contrast MRI the radiologist reported some irritation of the glenoid and suggested an MRI with contrast to delineate this further	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; continues with shoulder pain, positive neer and jobe, eval for surgery	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Description: moderate, severe and intermittent Quality: burning, sharp and stabbing Location: diffuse Exacerbating factors: Overhead activities, lifting Alleviating factors/Previous Non surgical Treatment: RICE, otc meds, HEP,RX meds yes, PT yes, inje	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Dr. Johnson is afraid patient has torn her rotator cuff. Patient can not raise her arm due to pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Dr. Johnson thinks she has either a partial or full thickness tear of her rotator cuff. Needing an MRI to confirm this.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Dr. Johnson thinks this patient has a SLAP tear from his MVA.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Exam:; An exam was performed; Appearance: well developed and nourished; Orientation: Alert and oriented to person, place, time.; Mood: mood and affect well-adjusted, pleasant and cooperative, appropriate for clinical and encounter circumstances; LN Exam:	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; If indicated by MRI, patient will proceed with Rotator Cuff Repair	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; laberal tear, and glenoid dysplasia and ossification.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; patient has a one week old injury where he felt a pop and now has a bicep deformity	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Patient has pain when lifting his arm up. Has failed NSAIDS	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; positive jobe,neer, and crossover adduction. Three views obtained in our office today of the right shoulder reveal:; AP film shows a normal positioned humeral head with Severe acromioclavicular degenerative changes.; Outlet reveals a type 2 acromion. no	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; possible rotator cuff tear, popping, locking and instability	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Possible rupture of biceps tendon	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; pt has tried AC injections and couple months ago however pain/problem with shoulder continues. Pt has been on pain meds Tramadol and Flexeril 12+ weeks with no relief. MRI needed to assess and treat	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; right shoulder pain with multiple subluxations after traumatic football injury	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Right shoulder pain: The patient has history of right shoulder arthroscopy with the compression of subacromial space September 22, 2017. She did well in the postoperative period with physical therapy and enjoyed relief of shoulder pain. However the patient	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Right shoulder pain: The patient is a 43-year-old male presenting with right shoulder pain after a fall sustained on November 18, 2017. Apparently he was getting out of the bathtub slipped on a wet surface falling injuring right shoulder. Later examination	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Rotator Cuff tear. Surgery will be performed if indicated by MRI	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; shoulder pain worried he could have a labral tear limited ROM	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; suspected full thickness rotator cuff tear needs mri to diagnosis and treat failed all other care he can barely move arm so he cant do PT anymore and he has a positive empty can sign, severe pain, subscapularis weakness	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Suspected Rotator Cuff Tear	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; torn rotator cuff repair	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; XRAY normal. avoid aggressive factors. positive sign for instability. adhesion test cuase. abduction, with internal rotation cuases pain. flexion with internal rotation cuases pain. shoulder abduction 4-5 tenderness is present interior acromial border. u	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	4
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient has not had a recent CT of the shoulder.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; 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?	35
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; ; The patient received medication other than joint injections(s) or oral analgesics.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	11
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; MOBIT; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.; LEFT SHOULDER PAIN WITH ABNORMAL XRAY CONSISTENT WITH AVASCULAR NECROSIS, EVAL TO SEE HOW EXTENSIVE AND APPROPRIATE SURGICAL PROCEDURE FOR REPAIR	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	There is pain that radiates down into the deltoid insertionwn If No Info Given Some degree of crepitus is noted as well by the patient when they range their right arm; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	19
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	29

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	8
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	4
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	6
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	10
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient 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 operating surgeon for pre-operative planning.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	7
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	6
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This patient is seen today for their intitial evaluation of right shoulder pain approximately 2 weeks ago this woman experienced the acute onset of pain and soreness in her right shoulder. She felt a popping sensation. She is been unable to lift the arm; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; prednisone , naproxen, ibuprofen; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-10-17; 54-year-old white male in today for his shoulders. He reports she has had years of episodic shoulder pain. He has pain during the day with overhead activities and also has night pain. The pain is primarily anterior and lateral. He takes Mobic an; There has been treatment or conservative therapy.; Years of episodic shoulder pain. Pain during the day with overhead activities, night pain. Pain with compression testing. Tenderness in coracoclavicular arch and AC joint bilaterally.; Mobic, Steroid injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for trauma or injury.; 8/25/2017; There has been treatment or conservative therapy.; knee pain, LROM, fully extend the knee, swelling, shoulder pain LROM,; medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY		2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/18/17; There has been treatment or conservative therapy.; pain aching pain, locking, stiffness; physical therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	ambulating with crutches; This study is being ordered for Vascular Disease.; 10/11/2017; There has been treatment or conservative therapy.; bilateral severe constant popping stabbing pain, pain with range of motion on bilateral hips; non weight-bearing activity, home exercises, heat, nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	Mr. Godwin is a 59 year old male unemployed gentleman referred by Dr. Darren Malike for evaluation of bilateral knee pain. He had an injury in 2008 after a fall while doing masonry. He did not have to miss work after this accident. He has had problems sin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Osteoarthritis of knee - Onset: 09/27/2017 - bilateral, tricompartmental, significant, varus.; There has been treatment or conservative therapy.; Mr. Godwin is a 59 year old male unemployed gentleman referred by Dr. Darren Malike for evaluation of bilateral knee pain. He had an injury in 2008 after a fall while doing masonry. He did not have to miss work after this accident. He has had problems sin; Mr. Godwin is a 59 year old male unemployed gentleman referred by Dr. Darren Malike for evaluation of bilateral knee pain. He had an injury in 2008 after a fall while doing masonry. He did not have to miss work after this accident. He has had problems sin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73700 CT LEG OR LOWER EXTREMITY	Ms. Brown is a 59 year old female who returns for followup of nonoperative treatment of bilateral knee arthritis where she has tricompartmental degeneration and varus malalignment. She returns after injection and therapy. Her swelling is improved but; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/17; There has been treatment or conservative therapy.; Ms. Brown is a 58 year old female training director for nursing homes referred by Dr. Paulus for bilateral knee pain left greater than right.; Pain is worsened with WTB activity and deep flexion, left worse than right. She has had a popping sensation ; Medications; Reviewed Medications; Advil 200 mg tablet; Take 1 tablet(s) every 6 hours by oral route.; 02/14/17 entered Carol Loyed; black cohosh 40 mg tablet; Take by oral route.; 02/14/17 entered Carol Loyed; Cinnamon 500 mg capsule; Take 2 capsule(; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	Presurgical Test/Mapping; This study is being ordered for trauma or injury.; Date of Injury 12/4/2017; There has been treatment or conservative therapy.; Bilateral Calcaneal Pain with Swelling; Patient has been Splinted Bilateral, Nonweight bearing with Ice, Elevation and Rest. Patient is taking OTC NSAIDs supplemented by Norco 7.5 mg PO Q 4-6 hrs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	22
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	4
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	11
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is 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	3
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "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	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	9
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	8
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	3

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1
			unexplained source of pain.Patient has had MRI on 9/6/17 which was unremarkable. patient has had over 12 weeks of physical therapy, NSAIDS(Ibuprofen), bracing, home exercise program, and change in activity level. Patient is having instability, clicking a; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY		1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		14
			"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; BILATERAL ANKLE PAIN; This is a request for a bilateral ankle MRI.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; MRI bilateral ankles rule out mass lesions on tarsal tunnel.; This is a request for a bilateral ankle MRI.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, patient has not completed and failed a course of conservative treatment.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years; There has been treatment or conservative therapy.; Right shoulder pain, Limited ROM, stiffness, popping, knee pain, popping, Locking, stiffness,; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Knee 12/18/2015, shoulder 8/9/2017.; There has been treatment or conservative therapy.; Shoulder and arm pain, worse on movement, pain radiates from lateral shoulder to arm. No improvement with anti-inflammatory; Injection for right knee; steroid injection and ice for shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/11/2017; There has not been any treatment or conservative therapy.; pain and popping in shoulder in shoulder and knee,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	: She is locked. She cannot extend the last 10 degrees. She can flex it to 90, feels to varus/valgus. It is difficult to tell if her ACL is truly torn because of the locked meniscus. Patellar tendon intact, quad tendon intact, straight-leg raise is intact; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	10-23-17: HPI: This patient returns today for follow-up again for her left knee. I've seen her in the past for this knee and felt like she had some patellofemoral symptoms and a contusion of the knee. She was treated with anti-inflammatories and physical; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	11.28.17 pt was playing with her son and she twisted her knee. still having knee pain w instability, medial joint line pain, medial McMurray's, eval for meniscal tear or MCL sprain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	48 yo male with acute on chronic left knee pain after new injury. Based on his history and exam today, I am concerned for meniscal tear. He did not respond to conservative measures with CSI and PT. Will obtain MRI for further evaluation and have him follo; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	abnormal malformation of lower limbs; This study is being ordered for Congenital Anomaly.; 2016; There has not been any treatment or conservative therapy.; difficulty walking; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Chief complaint: New problem of recurrent locking both knees     45-year-old jujitsu instructor well known to me from knee surgeries. Had ACL reconstruction right knee 6 years ago with partial medial meniscectomy. Left knee ACL reconstructed by me 9 ; This study is being ordered for trauma or injury.; , 09-04-2015; There has been treatment or conservative therapy.; Patient reports arthralgias/joint pain and swelling in He reports numbness the extremities; pt has had previous surgery, this is an old injury with prior surgery. 45-year-old jujitsu instructor well known to me from knee surgeries. Had ACL reconstruction right knee 6 years ago with partial medial meniscectomy. Left knee ACL reconstructed by me ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Chronic left foot pain status post injury 6 months ago with no improvement despite shoe wear changes and orthotics; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Continued pain after conservative treatment; This study is being ordered for trauma or injury.; 8/17/2017; There has been treatment or conservative therapy.; Pain; Physical therapy prescribed by PCP and NSAIDs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	decreased range of motion, Atrophy, positive McMurrays; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	exam is consistent with anterolateral impingement of the right ankle. My opinion is repeat MRI to rule out osteochondral lesion prior to ankle arthroscopy. MRI of the right ankle, follow up afterwards. Likely will plan for arthroscopy, debridement, syno; 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 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	History of Present Illness The patient is a right handed 28 year old male seen today for the right knee. There is no pain present. He describes the symptoms as sharp. The symptoms come and go. Since the onset, he reports the problem is getting better. Th; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	I have told her that likely her symptoms are related to her flatfoot dMy recommendation is meloxicam and comforthotic insoles. We will have her wear them for a month and then report back to us. If they are helpful we will ask for custom-made orthotics.e; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	INJURY ON 10/24/17. FELL DOWN STAIRS. XRAY SHOWS POSSIBLE WIDENING AT THE LISFRANC JOINT. SYMTOMS:PAIN, SWELLING, STIFFNESS. PAIN WORSE BY STANDING AND WALKING.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Knee pain and a sclerotic lesion in the lateral aspect of the tibial epiphysis. Subsequent scans and MRI scan showed abnormalities. Some evidence for Osgood Slaughter, the pain in the leg persisted. He is on anti-inflammatories.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Melissa is here today with swollen left knee. She reports she tripped and fell onto hard surface 2 days ago. Landed on knees. Left knee has pain and swelling has steadily worsened. Was seen at Mercy Ozark ER yesterday. X-ray revealed effusion but no fx. I; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	MRI needed to determine if surgery is needed d/t injury.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	None; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	None; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	obese and has ankle pain; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	of recommended repeat MRI evaluation of the left foot to evaluate the cuneiforms and cuboid as well as 1st metatarsal base for stress reaction versus stress fracture. Stay immobilized in the boot to light for MRI. I do not anticipate this will require s; This study is being ordered for trauma or injury.; 08/2017; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	Pain in LT Ankle; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	Pain with passive dorsiflexion of the L ankle. Mild irregularities noted with palpation over the Achilles tendon. Large effusion is present in the posterior aspect of the heel.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	Patient has a positive McMurrays and effusion present in knee. Straight leg raise is not possible without pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. persistent pain for the past 6 weeks, knee brace; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	Possible meniscus tear in knee; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	Pt complains of locking and catching to the knee. The pain is described as a sharp pain to the medial aspect of the knee. The pain is worse with walking and better with rest. Pt is also 2 years s/p ACLR on 9/25/15. No medications are noted.  Mild pain w/; 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 known if surgery or arthroscopy is scheduled in the next 4 weeks. Pt had an accident in July; had surgery on the left femur; had PT and HE for the femur, but now the knee is starting to hurt. Had a Lt grade 3 open femur Fx with an external fixation; open reduction internal fixation; Rt lower extremity vascular repair fr; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	Pt has ankle pain; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	Pt is in a boot walker. Pt is still having RT ankle pain. Risks and benefits were discussed and sterile technique was used to inject 1 cc of Betamethasone and 1 cc of Lidocaine. into the LT ankle for an ankle sprain. Patient tolerated the procedure well.; This is a request for an Ankle MRI.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt.has L knee pain. She is having more medial joint space pain, as well as, catching and popping in the knee with ambulation; She has failed physical therapy and medicines are not helping; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right knee pain. Possible medial meniscus tear. Date of injury 11/11/2017. He states he had a large effusion after his first injury. He tells me he was getting up from a squatted position while hunting. After this he rested the knee for several weeks. It ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right knee pain: The patient is a 23-year-old male who presents with insidious onset of right knee pain. There is no history of injury. The patient suddenly awoke one morning with knee pain. He does have history of previous Ewings sarcoma. But has been i; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	RO infection of knee; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are no documented physical or laboratory findings of a joint infection.; Known or Suspected Joint Infection	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Rule out a meniscal tear or other that will require a knee arthroscopy. Surgery will not be scheduled until confirmation with MRI of need for a knee arthroscopy.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	She is a 32-year-old, black female, status post left ankle twisting injury years ago. It has been progressively more sore and tender and starting to hurt at night now. She is having to wear a boot to get around ; Left ankle three views show a large medi; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.; The study is requested for a reason other than ankle pain.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	She is having Right knee pain, redness, bruising, swelling, limping, popping, weakness and giving way. The problem started after an injury on 10-10-2017. Patient states she got into a four wheeler accident and it rolled. She jumped off it and the four whe; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Tenderness to palpation about the peroneal muscle distribution lateral lower legs bilaterally. Has increased pain with eversion and external rotation of the feet against resistance bilaterally. STILL HAVING PROBLEMS EVEN AFTER PT AND NSAIDS; This study is being ordered for trauma or injury.; ABOUT9-4-17, 4-5 WEEKS AGO; There has been treatment or conservative therapy.; Tenderness to palpation about the peroneal muscle distribution lateral lower legs bilaterally.Has increased pain with eversion and external rotation of the feet against resistance bilaterally.; NSAIDS, PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	the patient has tried a brace with no relief and has had Bi Lat knee scopes no known injures. The pain is sharp; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	The patient is a right handed 56 year old male seen today for the right knee. Pain is moderate with a rating of 7/10. He describes the symptoms as sharp and stabbing. The symptoms come and go. Since the onset, he reports the problem is getting worse. The ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; PREDNISONE 10 MG PO HYDRO/APAP 7.5/325 MG PO; The patient received medication other than joint injections(s) or oral analgesics. The patient returns today for follow up. There has been no changes in the current symptoms. Pain is severe with a rating of 9/10. There has been no change in the character or location of the problem. There are no new symptoms or accompaniments. STATES KNEE; This is a request for a Knee MRI.; Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; No, the plain films/scans are not normal.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	the pt fell and slipped on her knee on a watery surface medial knee pain and weakness getting up from chairs; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	23
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	13
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; 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 immobilization for at least 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are documented physical or laboratory findings of a joint infection.; &Additional Clinical Information&; Known or Suspected Joint Infection	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	23
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	6
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking	10
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	13
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation	9
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	684
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Locking	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Swelling greater than 3 days	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	23
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; ; Suspicious Mass or Suspected Tumor/ Metastasis This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	23
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	6

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is not being ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is not requested for knee pain.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; 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).	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	23
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; hydrocodone; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment 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).	10
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has 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	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	18
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is an orthopedist.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury; Suspected meniscus, tendon, or ligament injury	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	5
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	7

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	13
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	48
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	5
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	5

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	9
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	26
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.</p>	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is to determine if he has a meniscus tear which would require surgery.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	totally locked knee will not bend without extreme pain to pt he went to ER they sent him to orthopedic doctor for eval and we need mri to dx; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2017; There has been treatment or conservative therapy.; Medial and lateral pain in her knee, painful walking, trouble getting up and down.; OTC pain relievers, and some physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This study is being ordered for trauma or injury.; 8/25/2017; There has been treatment or conservative therapy.; knee pain, LROM, fully extend the knee, swelling, shoulder pain LROM,; medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Will FAX; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; methocarbamol, Norco, klonopin; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	X-ray: 2 views RT knee show bipartite patella with no obvious fracture. RT knee pain, RIGHT knee sprain. Need a left and right MRI of the knees to R/O MMT vs. Patella OA.; This study is being ordered for trauma or injury.; Fell off a roof on 5/6/17.; It is not known if there has been any treatment or conservative therapy.; RT knee pain, RIGHT knee sprain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	X-ray: Standing AP, lateral, and merchant views of the left and right knees were obtained in the office today. These show irregular lucency in medial femoral condyle bilaterally. IMPRESSION: Bilateral knee pain, possible OCD ____; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Appx 2 years.; There has been treatment or conservative therapy.; Constant aching pain in both knees. Occasional limping with pain. Pain going up and down stairs.; Rest. No longer playing baseball. Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/17; There has been treatment or conservative therapy.; Pain, tenderness; Injections, PT, Chiro Care, Medication, 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
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic pain with increased pain with fall on 09/11/17; There has been treatment or conservative therapy.; ; NSAIDS, oral narcotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>10-10-17:&#x0D; 58-year-old white male in today for his right hip. He had the onset of right hip pain in May when he misstepped. He identifies pain as being lateral and anterior. He says prolonged sitting is uncomfortable. Walking is also painful. He has not h; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-10-17:&#x0D; 58-year-old white male in today for his right hip. He had the onset of right hip pain in May when he misstepped. He identifies pain as being lateral and anterior. He says prolonged sitting is uncomfortable. Walking is also painful. He has not h; There has been treatment or conservative therapy.; Right hip pain, lateral and anterior. Prolonged sitting is uncomfortable. Walking is painful.; Treatment/Conservative Therapy: Mobic, IM injections, fluoroscopically guided steroid hip injections, Celebrex; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>AP Pelvis, AP and Lateral of the left hip reveal both acetabular and femoral components to be in good position with acceptable alignment. Abduction angle 40 degrees, Leg lengths mild lengthening less than 1 centimeter. No evidence of loosening.she has b; 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.</p>	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>Cam lesions noted on xrays. MR arthrogram ordered to evaluate for labral tear in bilateral hips.; This study is being ordered for Congenital Anomaly.; 1 year-12/1/2016; There has been treatment or conservative therapy.; pain with motion, and night time pain.; anti-inflammatory, activity modification, rest, and therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>Continued pain after conservative treatment; This study is being ordered for trauma or injury.; 8/17/2017; There has been treatment or conservative therapy.; Pain; Physical therapy prescribed by PCP 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</p>	1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/20/17; There has been treatment or conservative therapy.; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>Questionable osteomyelitis of right iliac wing with ileo psoas abscess per MRI. See Infectious Disease notes about patient's recent admission to the Med Center for septic shock. He was in renal failure therefore unable to get MRI with contrast. Osteomy; This study is being ordered for Inflammatory/ Infectious Disease.; 10/6/17; There has been treatment or conservative therapy.; ; He returns in f/u of MRSA bacteremia and septic hip and iliatus osteomyelitis. He was in hospital from 8/26/17 to 9/8/17. He completed 6 wks of IV vancomycin on 10/8/17 with complication of redman Sx requiring his daily dose of vancomycin to infuse over; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>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.</p>	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>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.</p>	11
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; 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.</p>	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.</p>	1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	3
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	24
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	8
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	17
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	4
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	6
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	4

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	15
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	3
Orthopedics	Approval	74150 CT ABDOMEN WITHOUT CONTRAST 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Medical Decision Making X-ray Interpretation AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals fairly well maintained alignment. There may be some subtle anterolisthesis L4-5. There may be transitional anatomy. ; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis. 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
Orthopedics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2
Orthopedics	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.	1
Orthopedics	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Neck pain x 3 months with numbness and tingling into extremities. no improvement with conservative treatment; "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection, cancer, mass, tumor, pre or post-operative evaluation	1
Orthopedics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; It is not known if there has been any treatment or conservative therapy.; scoliosis, alternating hemiplegia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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. >; It is not known if there is a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT 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 pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Disapproval	71250 CT CHEST, THORAX	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
Orthopedics	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PARSONAGE; TURNER SYNDROME; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	2
Orthopedics	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	1. Adjacent segment degenerative disc disease, C6-7, with axial neck pain and right shoulder and arm radiculopathy. 2. Status post C4-5 and C5-6 ACDF on 3/14/14  large disc protrusion, C4-5 the spinal cord impingement and early cervical myelopathy 3.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; APRIL 2014; There has not been any treatment or conservative therapy.; He presents to the clinic today with approximately 6-month history of neck pain, radiating into the right shoulder and down into the elbow. He also complains of right-sided low back pain, with occasional radiating pain into the right leg, down to the foot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	AP lateral cervical spine films obtained today and personally reviewed show normal alignment. There is disc space narrowing and degenerative change at C5-6, and a little more so at C6-7.   MRI scan of the lumbar spine obtained on March 18, 2008 and pers; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Her symptoms sound mostly like a facet problem. The tingling in the back of her head that comes up from her neck sounds like a greater occipital nerve irritation, so the problem may actually be at the C1-2 level. CT is the best way to evaluate that, so we; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	MRI scan of the cervical spine obtained on May 19, 2017 and personally reviewed along with the report. This shows degenerative disc changes especially at C3-4 and C4-5 with mild to moderate stenosis there. Degenerative disc disease of the cervical spine wit; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a 41-year-old woman who has a mild scoliotic deformity, leg length discrepancy, and a left head tilt. While it is correctable, it is causing her some element of discomfort so I would like to workup her head-tilt a bit further with a CT scan of he; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; It is not known if there has been any treatment or conservative therapy.; scoliosis, alternating hemiplegia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology X-ray Interpretation MRI lumbar spine performed at St. Vincent 11/9/17. Pedicle screws seen L1, T12, T11. No disc bulging or herniation. Conus medullaris is normal. Disc height and disc signal maintained. Otherwise normal. Imaging reviewed, there a; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; It is not known if there has been any treatment or conservative therapy.; scoliosis, alternating hemiplegia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, 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 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; It is not known if there has been any treatment or conservative therapy.; scoliosis, alternating hemiplegia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, 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 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	<p>AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals no change in position or alignment of the implants. X-rays look okay. Flattening through L4-5 level. Unchanged from previous 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.; 9/5/17; There has been treatment or conservative therapy.; 50-year-old female status post L4-5 fusion. Over last month she is having progressive left buttock and leg pain. It bothers her at night. Neurontin does help.; We discussed increasing Neurontin dose.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>This is a request for 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</p>	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	<p>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</p>	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	<p>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</p> <p>unknown; This study is being ordered for a neurological disorder.; 03/09/2017; There has been treatment or conservative therapy.; numbness, tingling and weakness in bilateral arms; OP therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	5
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; shoulder and the right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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 weakness going down into right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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.; WEAK GRIP; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-6 months ago; There has been treatment or conservative therapy.; neck pain, decreased range of motion in left shoulder; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Knee 12/18/2015, shoulder 8/9/2017.; There has been treatment or conservative therapy.; Shoulder and arm pain, worse on movement, pain radiates from lateral shoulder to arm. No improvement with anti-inflammatory; Injection for right knee; steroid injection and ice for shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/06/2017; There has been treatment or conservative therapy.; generalized pain upper back and shoulder areas; Pain Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Cervical spine range of motion is limited due to pain. Bilateral upper extremities show normal sensation and motor function. Normal reflexes, negative Hoffman's. Spurling's difficult due to stiffness. Muscular tightness of the right trapezius limiting  ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/05/2016; There has been treatment or conservative therapy.; Neck pain radiating to the shoulder. Upper back pain radiating to the scapula, lower back pain radiating to the legs posteriorly, chronic duration, and bone pain in the foot worse while standing.; Patient has had physical therapy, medication and multiple Lumbar epidural spinal injections with no significant relief of symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. Adjacent segment degenerative disc disease, C6-7, with axial neck pain and right shoulder and arm radiculopathy.; 2. Status post C4-5 and C5-6 ACDF on 3/14/14; large disc protrusion, C4-5 the spinal cord impingement and early cervical myelopathy.; 3.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; APRIL 2014; There has not been any treatment or conservative therapy.; He presents to the clinic today with approximately 6-month history of neck pain, radiating into the right shoulder and down into the elbow. He also complains of right-sided low back pain, with occasional radiating pain into the right leg, down to the foot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	11.17.17 seat belted passenger in MVA, rt shoulder and neck pain, rt paraspinal tenderness.; 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.; 11.17.17 seat belted passenger in MVA, rt shoulder and neck pain, rt paraspinal 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. Cervical pain with radiculopathy; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic pain in R shoulder and cervical radiculopathy; This study is being ordered for trauma or injury.; 11/01/2017; There has been treatment or conservative therapy.; Instability of R Shoulder joint.; Cervical Radiculopathy; Patient has done home exercises with no good results as well as 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	evaluate for cervical rib, paresthesia present; This is a request for cervical 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 right sign with loss of radio pulse and multiple trigger points in the periscapular area; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>further evaluation for disc extrusion; This is a request for cervical 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 neurological weakness decreased sensation of the arm, 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.</p> <p>Having left arm pain and tingling down to hand . Has had steroid injection to left shoulder and a steroid dose pack which has not helped.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode;</p> <p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; The pain radiates down the arm into hand and small fingers and into her neck as well. she has had a previous surgery history of her C6-7 fusion and 2 years ago she had a recurrence of the neck. It is stiffness and loss of range of motion as well as pseudo</p>	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Mr. Martin is back today in follow-up of neck and lower back pain. &#x0D; &#x0D; He has pain in both hands and also some numbness. Both of those symptoms seem to be gradually getting worse. &#x0D; &#x0D; He has stiffness in both his neck and his lower back. He has a lot of ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Cervical and lumbar stenosis. He symptoms may have worsen, but his exam is still negative. He is also havng more difficulty walking and he is at the point where he feels like he needs to have a handicap parking sticker.; There has been treatment or conservative therapy.; Mr. Martin is back today in follow-up of neck and lower back pain. &#x0D; &#x0D; He has pain in both hands and also some numbness. Both of those symptoms seem to be gradually getting worse. &#x0D; &#x0D; He has stiffness in both his neck and his lower back. He has a lot of ; Meloxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Numbness and tingling in the right hand, Patient takes Mobic, MRI shows moderate AC joint arthritis, and rotator cuff tendonitis with questionable RCT. Patient reports injection on 9/29/17 was no significant help. Patient reports having a lot of pain at t; 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.; 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
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has ongoing pain that radiates out of neck down through the shoulder on down the arm. He has had previous surgery on right shoulder. Failed conservative treatment; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Positive Spurling Testing From ER: 3 views LT shoulder show no glenohumeral arthritis, minimal AC joint arthritis, and type 3 acromion. 3 views C/Spine show DDD at C5/C6.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt had injury in may and is still having neck pain and left shoulder and arm pain despite nsaid and PT.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has persistent severe pain in neck upper and lower back with radiculopathy to the upper and lower extremities. Symptoms aggravated by going up or down stairs, bending, coughing, lifting, pushing, standing and walking. Symptoms include decreased mobil; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/16; There has been treatment or conservative therapy.; Severe persistent pain in neck, upper and lower back with radiculopathy. Pt has decreased mobility, tenderness and weakness in the back/neck; medications, lifestyle modification and spinal exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	right shoulder pain with radiculopathy and loss of strength that radiates from Neck down to fingers. over 8 weeks of conservative treatment consisting of meloxicam, Physical therapy, Home excercises, steroid injection, and change in activity level has no; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness when grasping despite over 8 weeks over conservative care.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	rt shoulder pain and radiculopathy x 1 year. neck pain w paraspinal muscle tenderness; 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. Severe degenerative changes, C4-5, C5-6, L3-4, L4-5, S1 with spinal stenosis. Bilateral facet blocks C4-5, C5-6, occital nerve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/02/2011; There has been treatment or conservative therapy.; Severe lower back and mid back pain with radiculopathy to the shoulders and legs.; Pt has failed 6 weeks of conservative therapy to include: Physical Therapy, medications and steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She has pain with numbness and tingling and has tried multiple injections into the neck with no relief. MRI is ordered of the cervical spine and lumbar spine for 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.; 2015; There has been treatment or conservative therapy.; Neck pain, lower back pain, radiculopathy into the left upper extremity, numbness and tingling.; She has been getting injections in the neck and taking pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; His rheumatoid arthritis is under good control. He does have mild degenerative changes in the cervical spine concerning for impingement. We'll send for MRI of the cervical spine. EMG nerve conduction study of the left upper extremity. Her on gabapentin 30	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; <Enter Additional Clinical Information>	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Ms. Lejeune is a 56-year-old woman seen today in evaluation of neck pain.   Today she says that she began having problems a couple of years ago. She ultimately got better without doing anything, but she her symptoms returned and she continues to have pr	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; PAIN AT THE AC JOINT WITH SWELLING, NECK AND SCALPULAR PAIN; SURGERY IN 2012 AND PHYSICAL THERAPY ON AND OFF SINCE THEN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Spoke with physical therapist today who states Camille is still having significant pain over the right anterolateral chest wall in the T7-T9 intercostal area. She played in a volleyball game yesterday which greatly exacerbated the symptoms. Will obtain MR	1

Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe degenerative changes, C4-5, C5-6, L3-4, L4-5, S1 with spinal stenosis. Bilateral facet blocks C4-5, C5-6, occital nerve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/02/2011; There has been treatment or conservative therapy.; Severe lower back and mid back pain with radiculopathy to the shoulders and legs.; Pt has failed 6 weeks of conservative therapy to include: Physical Therapy, medications and steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; hief Complaint Right shoulder problem  Contusion right scapula three weeks ago from fall. Patient's Care Team Referring Provider (Primary Insurance): SELF  Patient's Pharmacies WALGREENS DRUG STORE 03412 (ERX): 5917 BASELINE RD, LITTLE ROCK AR 7220; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/2017; There has been treatment or conservative therapy.; Back pain, scoliosis, degenerative disc disease; 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 < 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.; bulge at L12 sharp aching throbbing diffused 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
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and pain while walking relief by rest; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. Patient presents clinic today with low back pain numbness weakness in the right leg and pain in right hip. The hip pain occurred previously after he fell 2 weeks ago had quite a bit of bruising in her right leg he saw his primary provider no x-rays were; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; ; MOBIC, NEURONTIN, TENS UNIT	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/05/2016; There has been treatment or conservative therapy.; Neck pain radiating to the shoulder. Upper back pain radiating to the scapula, lower back pain radiating to the legs posteriorly, chronic duration, and bone pain in the foot worse while standing.; Patient has had physical therapy, medication and multiple Lumbar epidural spinal injections with no significant relief of symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Antalgic gait favoring the affected side. Using a cane. Very slow to transition from sitting to standing. Pain reproduced in the SI joint with passive ER and IR of the hips. FABER test is positive for SI joint. AP pelvis obtained at an outside facility re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-29-2017; There has been treatment or conservative therapy.; The patient experiences pain, swelling, stiffness, limping, weakness and giving way; There has been no change in the symptoms with rest, anti-inflammatory medication and bracing. Anti-inflammatory medication: Ibuprofen . Brace received Cane. Patient occasionally uses shock therapy on his hips & Tramadol & Hydrocodone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals no change in position or alignment of the implants. X-rays look okay. Flattening through L4-5 level. Unchanged from previous 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.; 9/5/17; There has been treatment or conservative therapy.; 50-year-old female status post L4-5 fusion. Over last month she is having progressive left buttock and leg pain. It bothers her at night. Neurontin does help.; We discussed increasing Neurontin dose.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	he comes today with a chronic complaint left hip pain is anterior in nature radiates down leg to the knee. This is worse with standing and activity, better with rest. It does radiate further down the leg. He has no associated back pain numbness, tingli; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He's been treated for stenosis in the past so I know he has that but the way he walks, I have to be concerned with AVN of the hips.; Bilateral sacroilitis and ; Degenerative Disk Disease L3-L4.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-29-2017; There has been treatment or conservative therapy.; pain, swelling, stiffness, limping, weakness and giving way; There has been no change in the symptoms with ice, heat, rest, Ibuprofen, physical therapy, lumbar injections and use of cane.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HISTORY OF PRESENT ILLNESS: Amanda returns concerning her low back and right leg. Her pain is now radiating to the level of her toes. She reports tingling into the toes as well. The steroid dose pack failed to provide even transient relief. She rates her; 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.; Range of Motion:; Lateral side bending elicits contralateral lumbar pain; Forward Flexion:; Full with increased midline low back pain; Extension:; Full extension and painless; Hip; Full and painless ; Special Tests:; Sitting Straight lower back pain radiating down both legs, numbness and tingling down both legs, received injections in back with now relief, activity modification and oral medications with no relief; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; symmetric deep tendon reflexes and positive straight leg raise	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	L-spine with herniated pulposus versus foraminal stenosis Physical exam of her lumbar spine reveals pain and tenderness to palpation of her paraspinous muscles. She has pain with rotation and extension of her lumbar spine. Her bilateral lower extremities a; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Physical exam of her lumbar spine reveals pain and tenderness to palpation of her paraspinous muscles. She has pain with rotation and extension of her lumbar spine. Her bilateral lower extremities are neurologically intact with dorsalis pedis and posterior; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mr. Martin is back today in follow-up of neck and lower back pain.   He has pain in both hands and also some numbness. Both of those symptoms seem to be gradually getting worse.   He has stiffness in both his neck and his lower back. He has a lot of ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Cervical and lumbar stenosis. He symptoms may have worsen, but his exam is still negative. He is also havng more difficulty walking and he is at the point where he feels like he needs to have a handicap parking sticker.; There has been treatment or conservative therapy.; Mr. Martin is back today in follow-up of neck and lower back pain.   He has pain in both hands and also some numbness. Both of those symptoms seem to be gradually getting worse.   He has stiffness in both his neck and his lower back. He has a lot of ; Meloxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology November 10, 2017  Melissa Seme, M.D.  Fax No. 501-889-5546  RE: Michael Abernathy, #1801456 DOB 11/27/1953  Dear Dr. Seme:  It was a pleasure to see your patient, Michael Abernathy, in the office today. My office notes are as follows:  DA; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS NEEDING A LUMBAR MRI FOR POSSIBLE ESI'S OR A LUMBAR SPINE SURGERY.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS WEAKNESS, TINGLING AND NUMBNESS IN BILATERAL LEGS. PATIENT HAS REDUCED REFLUX AND STRENGTH IN LEGS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports continued pain in both knees, Patient has had injections with only 3-4 days relief, Patient reports some LBP, and bilateral LE numbness/tingling, 3 view LEFT and RIGHT knee with minimal degenerative changes. Endobutton is in a very arteri; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Plan: I had a long discussion with the patient today regarding his chronic pain issues. Unfortunately he had some insurance issues, so he has not been here for a few months. He reports that the last injection did not provide any relief. At this point, I; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has persistent severe pain in neck upper and lower back with radiculopathy to the upper and lower extremities. Symptoms aggravated by going up or down stairs, bending, coughing, lifting, pushing, standing and walking. Symptoms include decreased mobility; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/16; There has been treatment or conservative therapy.; Severe persistent pain in neck, upper and lower back with radiculopathy. Pt has decreased mobility, tenderness and weakness in the back/neck; medications, lifestyle modification and spinal exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She has been doing physical therapy, which has not helped. I discussed with her, that in order to evaluate properly, I would like to get an updated MRI of the lumbar spine, to evaluate for nerve impingement. Given the numbness in the feet, I would also; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 1. Degenerative disc disease, lumbar spine, L1-2 and L2-3, and also at L5-S1, with axial back pain and bilateral leg radiculopathy to the feet, worse on the right.; 2. C5-C6 and C6-7 degenerative disc disease.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. She has pain with numbness and tingling and has tried multiple injections into the neck with no relief. MRI is ordered of the cervical spine and lumbar spine for 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.; 2015; There has been treatment or conservative therapy.; Neck pain, lower back pain, radiculopathy into the left upper extremity, numbness and tingling.; She has been getting injections in the neck and taking pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Subluxation of lumbar vertebra, initial encounter; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	8
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) TREATMENT PLAN: Under aseptic technique, 5 cc of Lidocaine and 80 mg of Depo Medrol, lot #80529, expiration 01/2018 were placed in the left knee. For cervical and lumbar pain issues, we are going to set up with an MRI of the lumbar spine. I will see 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.	2
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased sensation; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 03/09/2017; There has been treatment or conservative therapy.; numbness, tingling and weakness in bilateral arms; OP therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/2017; There has been treatment or conservative therapy.; Back pain, scoliosis, degenerative disc disease; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will fax in clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the 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. Worsening low back pain and worsening left-sided sciatica.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	worsening pain, difficulty ambulating; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above X-ray revealed mild acetabular dysplasia. Exostosis of the right ischium. Possible chronic gluteus medius 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.; 10/24/2017; There has been treatment or conservative therapy.; R/O tear in hip. Pain, radiating pain. Limited range of motion with hip.; Steroids, anti-inflammatory medication and home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-rays of the cervical spine AP, lateral, odontoid view were done in the clinic today, review and interpreted. The x-ray showed small straightening of the cervical lordosis with narrowing of the disc space C5-C6 in some small deformity at the superior end; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Ht, Wt, & Pulse are reviewed on EMR intake. Patient is well developed, well nourished, and in no apparent acute distress Gait: Normal pattern HEENT: Normocephalic,PERRL Face: Symmetric Chest: Nonlabored breathing, no audible cough CV: No edema or v; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. 21-year-old male with multiple joint pains. I am seeing him for his bilateral hips today. No injury or trauma. He reports years of joint pains. Hip pain is anterior and posterior. It does not radiate down the leg. He has not had improvement with anti-infl; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	ANKYLOSING; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Antalgic gait favoring the affected side. Using a cane. Very slow to transition from sitting to standing. Pain reproduced in the SI joint with passive ER and IR of the hips. FABER test is positive for SI joint. AP pelvis obtained at an outside facility re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-29-2017; There has been treatment or conservative therapy.; The patient experiences pain, swelling, stiffness, limping, weakness and giving way; There has been no change in the symptoms with rest, anti-inflammatory medication and bracing. Anti-inflammatory medication: Ibuprofen . Brace received Cane. Patient occasionally uses shock therapy on his hips & Tramadol & Hydrocodone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	bilat hip pain, bilat inguinal tenderness, dec and painful rom, r/o labral tear bilaterally; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	He's been treated for stenosis in the past so I know he has that but the way he walks, I have to be concerned with AVN of the hips. Bilateral sacroilitis and  Degenerative Disk Disease L3-L4.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-29-2017; There has been treatment or conservative therapy.; pain, swelling, stiffness, limping, weakness and giving way; There has been no change in the symptoms with ice, heat, rest, Ibuprofen, physical therapy, lumbar injections and use of cane.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/20/17; There has been treatment or conservative therapy.; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pt is having increased pain; pt, steroid and toradal injection; limited activities still has pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	X-ray revealed mild acetabular dysplasia. Exostosis of the right ischium. Possible chronic gluteus medius 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.; 10/24/2017; There has been treatment or conservative therapy.; R/O tear in hip. Pain, radiating pain. Limited range of motion with hip.; Steroids, anti-inflammatory medication and home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	PATIENT HAS DIMINISHED RANGE OF MOTION INTEND TO DO LEFT TOTAL SHOULDER REPLACEMENT LOOKING AT LATER RIGHT SHOULDER TRYING TO COMPARE MORPHOLOGY COMPOUNDED BYPROBABLE ALCOHOLSIM AND TOBACCOSIM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; building over time; There has been treatment or conservative therapy.; PAIN AFFECTING SLEEP LIMITED RANGE OF MOTION EXACERBATED WITH ACTIVITY; OTC ANTI INFLAMMATORIES home therapy routine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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	2
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	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 an orthopedist.	1

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; HEP started 9/28/17 thru 11/28/17. continued pain in left shoulder.; The patient received oral analgesics.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-6 months ago; There has been treatment or conservative therapy.; neck pain, decreased range of motion in left shoulder; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/06/2017; There has been treatment or conservative therapy.; generalized pain upper back and shoulder areas; Pain Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment 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.; NSAID; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. Physical exam reveals that he is well-developed somewhat heavy and walks with a normal gait. Examination of his right shoulder reveals that he still has limited and weak abduction and poor external rotation. The peripheral neurovascular exam is intact.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	rt shoulder pain and radiculopathy x 1 year.; 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 not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Rule out rotator cuff tears; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Bilateral shoulder pain with limited abduction and flexion, internal and external rotation.; Steroids and hydrocodone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Shoulder pain, labral tear suspected, xray negative; This study is being ordered for trauma or injury.; 11/2017; There has not been any treatment or conservative therapy.; Shoulder pain, labral tear suspected, xray negative  CHRONIC PAIN LIMITED ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	tenderness at ac joint, painful ROM, pain affecting daily living, + speeds, + Hawkins, adhesive capsulitis; 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	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; PAIN AT THE AC JOINT WITH SWELLING, NECK AND SCALPULAR PAIN; SURGERY IN 2012 AND PHYSICAL THERAPY ON AND OFF SINCE THEN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, 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 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	XRAY SHOWS FRACTURE OF RIGHT SCAPHOID BONE. n Unknown If No Info Given.; 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 evaluation of wrist pain.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	xrays are abnormal, right shoulder suspicious for rotator cuff tear. left elbow suspicious for aforementioned on physical exam notes.; This study is being ordered for a neurological disorder.; one month ago. August 26, 2017; There has been treatment or conservative therapy.; right shoulder pain with weekness and pain when trying to raise arm above head, trouble sleeping, positive empty can test. difficulty with range of motion, tender to palpitation, swelling. no interanal rotation, positive belly press test, positive Yeargu; RICE. NSAIDS, steroid Injection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/25/2017; There has been treatment or conservative therapy.; a lot of pain, limited ROM,; using a walker, on Fetayln; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, 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 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Evaluate for re-injury, recent fall after knee arthroscopy 08/04/17.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	IMPRESSION: Chronic right knee pain recalcitrant to conservative therapies, recalcitrant to a home exercise program, even with oral medications that she has already been on for her neck and other medical reasons did not completely rid her of her pain and; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	knee pain; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Left ankle pain and stiffness. Xrays show no bony irregularity or degenerative change. No discernible fracture. Pt has had 2 months of symptoms. His pain is not getting better. He's tried bracing, rest, anti-inflammatories, ice and elevation. MRI is order; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	left medial knee pain with effusion, questionable medial meniscus tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	LOOSE BODY IN RT ANKLE.; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Ms. Marshall is a 43 year old female who comes on follow up. She has a positive RF and ANA of questionable significance, fibromyalgia, OA knees, and trochanteric bursitis. She reports that she is doing well overall. However, she has continued shoulder and; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment. Ongoing ankle pain after ankle injury worried she could have a ligament tear. she has failed activity modification, anti inflammatory medication. xrays are negative and he would to get a mri to make sure there is not a ligament or tendon tear.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Over a month of pain and swelling of left ankle and foot with limited dorsiflexion; This study is being ordered for trauma or injury.; 10/1/2017; There has been treatment or conservative therapy.; Pain and swelling left foot and ankle, limited active dorsiflexion of the foot.; Walking boot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pain; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient comes in today for a follow-up and complaining on his left knee pain. His date of injury 10/3/2017. He has a history of left knee ACL reconstruction in 2014. He does not show much complaining of instability but pain in his knee. He also complains ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has continued right foot pain with no relief from pain medication and orthotics.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has continued right foot pain with no relief from pain medication and orthotics.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient is having continued left ankle pain. Ankle pain presented 2 months ago with no known injury. Patient was given an air-cast ankle brace 4 weeks ago and anti-inflammatory medication with no relief. On physical exam ROM is limited and painful. Severe; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient reports continued pain in both knees, Patient has had injections with only 3-4 days relief, Patient reports some LBP, and bilateral LE numbness/tingling, 3 view LEFT and RIGHT knee with minimal degenerative changes. Endobutton is in a very anterior; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	posterior tibial tendinitis; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. pt had football injury 10.17.17 and was tackled and came down on his knee wrong. guarded lachmans, joint line tenderness, tenderness on valgus testing, need to r/o meniscal or acl tear as pt is college athlete; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	rt ankle pain, swelling, and instability.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	rt knee pain and instability for several years, worse within the last few weeks, nsaid and activity modification have no helped. r/o degenerative meniscal tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; 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	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	some knee swelling along with tenderness along the posterior medial joint line especially with direct palpitation and extension. Pt has locking and catching symptoms in his knee. Possible occult osteochondral defect and meniscal tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The patient is a 34 year old female seen today for bilateral knee pain. She fell through a floor and injured her left knee 3 years ago. She's been treated by Dr. Bryant. She states that he's done arthroscopy on her left knee 4 times and twice on the right; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The patient's history and exam are c/w a probable meniscal tear; Recommend an MRI right knee to rule out internal derangement due to failure of conservative management to include medication and rehab.; F/u after the MRI; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The podiatrist injected the area and she said it did make a better but it is not gone.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	5

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	6
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	X-ray: 2 views RT knee show bipartite patella with no obvious fracture. RT knee pain,RIGHT knee sprain. Need a left and right MRI of the knees to R/O MMT vs. Patella OA.; This study is being ordered for trauma or injury.; Fell off a roof on 5/6/17.; It is not known if there has been any treatment or conservative therapy.; RT knee pain, RIGHT knee sprain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, 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 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Xrays show significant lateral tilt to both knees there are signs of a possible loose fragment to the left knee that appears to have come from the medial aspect of the patella. MRI has been recommend for bilateral knees for further evaluation and damage t; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/25/2017; There has been treatment or conservative therapy.; a lot of pain, limited ROM,; using a walker, on Fetayln; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/20/17; There has been treatment or conservative therapy.; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; Ultrasound showed left subclavian stenosis	1
Orthopedics	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Osteopath	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		numbness in right leg right leg pain had 6 weeks of back exercises with no improvement; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Osteopath	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Osteopath	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Osteopath	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Osteopath	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	worsening neck pain and limited range of motion; This is a 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
Osteopath	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O NEORLOGIL BACK PROBLEMS; The study 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
Osteopath	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides 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;	1
Other	Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		Yes this is a request for a Diagnostic CT	1
				This is a request for a temporomandibular joint MRI.	4

Other	Approval	70450 CT BRAIN, HEAD 70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Fell and hit her head and blacked out, memory loss.; 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
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Temporomandibular joint internal derangement; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Other	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Other	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Other	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass ; This study is 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.; Pt has visual field loss with severe 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
Other	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Other	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Other	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1

Other	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	1
Other	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Other	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Other	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1
Other	Approval	71250 CT CHEST, THORAX	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
Other	Approval	71250 CT CHEST, THORAX	according to provider: Possible subglottic stenosis or VC dysfunction; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Other	Approval	71250 CT CHEST, THORAX	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
Other	Approval	71250 CT CHEST, THORAX 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Other	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT ; 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
Other	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Other	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PT started, not been able to tolerate due to increased pain, tried NSAIDS, heat/ice, bed rest and no relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness 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
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Other	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	History of Present Illness: Subjective: Patient returns again for post-op evaluation excision of right foot soft tissue mass and resection of bone spur with craterization. DOS:9/8/17. She states that the pain has become progressively worse. No changes in ; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient relates spraining her ankle May of this year. She states RICE therapy, use of aircast walking boot, and ankle brace with continued pain. She relates continued pain and swelling in the ankle since injury.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Other	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Calculus of kidney; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1

Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST		Pt has abdominal pain and microscopic hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Other	Approval	74181 MRI ABDOMEN 77058 MRI breast,without and/or with contrast material(s);unilateral		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. This is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Other	Approval	93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1
Other	Disapproval	70450 CT BRAIN, HEAD 70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Other	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT ; This study is 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.; Pt has visual field loss with severe 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
Other	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Other	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MVA, rear ended, numbness/tingling after MVA; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; L upper numbness/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
Other	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Other	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; 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
Other	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Other	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1
Other	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Other	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Other	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1
Otolaryngology	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient has hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Otolaryngology	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	2
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	2
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"	3

Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct" VERY TENDER LEFT MASTOID TIP HARD 1CM NODE, 2.5CM VERY TENDER RT AREA III NODE .; This study is being ordered for Inflammatory/ Infectious Disease.; 08/15/2017; There has been treatment or conservative therapy.; left otalgia and tenderness to firm node at mastoid tip some pressure behind both ears; She was treated with Augmentin x 2 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	44
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST		6
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	6
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune- compromised.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	5

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; It has been less than 28 days since onset	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	28 year old female presents for frequent sinus infections. She has had 4-6 sinus infections in the past 6 months. She denies any use of antibiotics, steroid nasal sprays, or antihistamines. She was given a Decadron in injection during her last office visi; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	abnormal xray; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Decreased sense of smell, taste and nasal obstruction x 20 years. DNS to left and bilateral polyp tissue noted on intranasal exam with np scope.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Evaluate sinus. He says he has a constant had sinus infection in the last year. He has been treated with amoxicillin. He complains of PPP, PND, nasal congestion and headaches. He denies a nasal preference and he denies a previous nasal fracture. He 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 (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	He has had sinus congestion and pressure off and on for several years. He has greenish yellow mucous almost every morning. He has been on 4 abx with some improvement but symptoms will recur.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	He is here today for evaluation of nasal congestion.  He has trouble breathing through his nose, which is worse at night. He uses a CPAP machine.   He has facial pain and pressure, nasal drainage and congestion. He gets better with antibiotics but sym; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Headache, loss of smell; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	HPI Evaluate sinus. He says he has had 2-3 sinus infections in the last year and he has been treated with Z-Paks, Decadron and Levaquin . He has been treated with at least 4 consecutive weeks of antihistamines and Flonase. He complains of PND, PPP, na; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Long history of severe nasal allergies and asthma treated with steroid nasal spray antihistamine and allergy shots. She has chronic nasal obstruction and hyposmia.The patient has lost her sense of smell and taste; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Medically necessity needing anesthesia; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	nasal obstruction, chronic allergic rhinitis due to fungal spores; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	PAIN IN RIGHT NERVE AREA; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	PATIENT IS SICK ALL THE TIME AND HAS BEEN ON MEDICATIONS; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	PATIENT SUFFERS FREQUENT(5-6) SINUS INFECTIONS PER YEAR FOR YEARS AND TYPICALLY SEVERE WITH BAD HEADACHE, FOUL DRAINAGE, CLOGGING OF EARS- MOST OFTEN WORSE SYMPTOMS ON HER LEFT; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Patient with over one month headaches, nausea, sinus pressure, ear pressure, no improvement on sinus and migraine meds. ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT pt has lot of sinus issues, feels like nose clogged,she has sinus pressure and she is having drainage; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.; It has been 28 or more days since onset AND the patient failed a course of treatment	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	pt was given cefnidir but worsend and given levaquin.; ear pain, dizziness, imbalance but no vertigo. facial pain, headaches. recurrent bouts of sinusitis and bronchitis, cannot blow nose , pt smokes and intolerant to steroids. mucus in nose, septum twist; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	She states that she is having nasal congestion, rhinorrhea, ears stay stopped up, cough. She states that she has pressure in her ears. She does get muffled hearing. She used to take allergy shots. She does take Zyrtec D and Flonase nasal steroid spray; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	sinuitis, congestion, watery rhinorrhea w headaches, stuffy and ringing ears. takes monthly IVIG ; hx leukemia CLL...; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	sore throat, cough, headaches, runny nose 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.; No specific date given by patient. She says she has had problems since a child and the problems are becoming worse and have worsened over the past 2 weeks.; There has been treatment or conservative therapy.; ear pain, ear drainage ear swollen shut, swallowing problems and hearing loss; She has had many different antibiotics and ear drops.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	22
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	10
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	3

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	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	69
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	26
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	14
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	8
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	28
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	5

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Trouble breathing through nose C/o trouble breathing through nose his whole life. Pt states that he has allergies that he used to take allergy shots for, spring is the worst time of the year for him. Pt states that he has been seeing his dentist (Dr. Sar; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 11/01/2017; There has been treatment or conservative therapy.; pain; blurred vision; sinusitis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		4
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The 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
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	feels like throat is closing and having difficulty breathing; 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

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	History of total thyroidectomy.  Postsurgical hypothyroid. Bilateral neck pain with intermittent swallowing difficulty and intermittent voice change. The neck pain has been an overriding and persistent problem on both the right and left sides. 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
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Invasive well differentiated squamous cell carcinoma.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. mass greater than 5 wks, steroids & med; no improvement, family hx of lymphoma, tender to touch; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	pt has left neck mass near carotid bulb; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	R/O neck mass; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	right sided neck mass onset back in April, told by PCP possible of cyst,not tender to touch; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	sore throat, cough, headaches, runny nose 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.; No specific date given by patient. She says she has had problems since a child and the problems are becoming worse and have worsened over the past 2 weeks.; There has been treatment or conservative therapy.; ear pain, ear drainage ear swollen shut, swallowing problems and hearing loss; She has had many different antibiotics and ear drops.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The patient has been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	3
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	3
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	58
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Trouble breathing through nose C/o trouble breathing through nose his whole life. Pt states that he has allergies that he used to take allergy shots for, spring is the worst time of the year for him. Pt states that he has been seeing his dentist (Dr. Sar; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 11/01/2017; There has been treatment or conservative therapy.; pain; blurred vision; sinusitis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	voice started becoming horas and has carsnomea; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	< 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

Otolaryngology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	< 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
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	2
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Caller is by passing questions and faxing in clinical.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Caller is by passing questions and faxing in clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown Caller is by passing questions and faxing in clinical.; It is not known if there has been any treatment or conservative therapy.; Caller is by passing questions and faxing in clinical.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	2
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	2

Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.	1
Otolaryngology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70544 Mr angiography head w/o dye	6 year history of recurrent dizzy episodes. Episodes can last several minutes to nearly all day. No particular movements associated with dizziness. No changes in hearing with dizziness. Sometimes feels pressure in back of head. No previous ear surgery o; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Otolaryngology	Approval	70544 Mr angiography head w/o dye	Parotid mass The patient is a 50 year old female with left parotid mass she first noticed this in January or February 2017. She was treated with 2 rounds of doxycycline by her PCP and 1-2 rounds of additional antibiotic by her nurse practitioner with no ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70544 Mr angiography head w/o dye	Recommended MRI and MRV looking for vasculature around the ear and the upper neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2017; There has not been any treatment or conservative therapy.; Audiogram shows bilateral significant sensorineural hearing loss in the high tones. Very symmetrical.new symptom is he has pulsatile tinnitus in the right ear. He hears his heartbeat in the right ear. It is worse when he turns his head a certain way. ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		2

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 2017; There has been treatment or conservative therapy.; hearing loss in right ear, ringing in ear and pressure; steroids, with no improvement patient has hearing loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma. difficulty with headaches, He has had issues with being tired and some stomach issues, pt localizes his headaches to the frontal/temporal region, onset of his headaches was years ago; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Dizziness and giddiness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ears popping/dizziness and right sided pulsatile tinnitus. eval for possible CP angle tumor/possible glomus; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is is not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member. everything was totally normal today, but because of the history of tinnitus unilaterally, right-sided facial pain and headache on the right side, we need to do an MRI scan intermittent right-sided throat pain, right-sided face pain, right-sided headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hearing issues, when in a room with background noise she feels a static rattle in her head-she localizes this to the left side primarily; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Hearing Loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	left sided facial numbness, swelling of the left side of the face; 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
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI Brain on 11/17 showed findings consistent with Bells palsy with inflammation of the cranial nerve VII on the left side characterized by enhancement. An intracranial schwannoma of the cranial nerve VII is felt to be unlikely. Followup is recommended; 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
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI scan of her brain just to rule out any sort of problem with the olfactory grooves such as an esthesioneuroblastoma, also make sure it is not a brain problem.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if a metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	n/a; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	onset of dizziness, vertigo spinning lasting one to two hourshad PT for BPV tried migraine meds and steroid and otc meds; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Parotid mass The patient is a 50 year old female with left parotid mass she first noticed this in January or February 2017. She was treated with 2 rounds of doxycycline by her PCP and 1-2 rounds of additional antibiotic by her nurse practitioner with no ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient of history of migraines and vertigo; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt has had tinnitus for the last 2 years and we need an MRI brain to rule out any tumor.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt has intracranial mass and left chronic neck and ear pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Recommended MRI and MRV looking for vasculature around the ear and the upper neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2017; There has not been any treatment or conservative therapy.; Audiogram shows bilateral significant sensorineural hearing loss in the high tones. Very symmetrical.new symptom is he has pulsatile tinnitus in the right ear. He hears his heartbeat in the right ear. It is worse when he turns his head a certain way. ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	right ear otalgia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RIGHT SIDE HEARING LOSS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Sudden acute asymmetrical hearing loss of the left ear. Hearing has decreased suddenly on left ear.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if there are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	sudden hearing loss in the left ear only; headaches everyday for the past month;	
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	sudden ringing in the left ear only; 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
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	sudden hearing loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The doctor is trying to rule out the need for surgery on this patient. The MRI will give a better look into what is causing the hearing loss in the patient.; This study is being ordered for Inflammatory/ Infectious Disease.; Long history of hearing loss with episodic fullness and distortion primarily in the right ear. Ringing in the ears.  The audiogram showed bilateral high-frequency losses.; There has been treatment or conservative therapy.; hearing loss with episodic fullness and distortion. Ringing sounds in the ear.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	49
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	3
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear. this is for hearing loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	3
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	3
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	3
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	3
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	16
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing vertigo	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	With sig headaches and otalgia eval with MRI Head with gad at CSM indicated to r/o central lesion Audio shows mixed HL in right ear; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Otolaryngology	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	Invasive well differentiated squamous cell carcinoma.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Otolaryngology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; 'None of the above' are related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	voice started becoming horas and has carsnomea; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	We are referring the pt to a Neurosurgeon and they wanted the pt to have one before they will make her an appt.; 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
Otolaryngology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Otolaryngology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for 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.	1
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1

Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for 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.	1
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	2
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.	1
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; There is existing evidence of metastasis or other tumor in the body.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.; This is NOT a Medicare member.	1
Otolaryngology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	2
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	He is here today because at least for the last 20-30 years he gets some nasal pain and discomfort in the right medial canthal area. A recent episode on September 11 was so severe at 3 AM in the morning that he almost went to the emergency room. Afrin nasa; 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 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	headaches, deviated septum; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt with phlegm trapped in lower throat, which trigger coughing.  cough chronic pharyngitis chronic laryngitis chronic sinusitis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	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	3
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	4
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	5
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	40
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	15
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Otolaryngology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Caller is by passing questions and faxing in clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown Caller is by passing questions and faxing in clinical.; It is not known if there has been any treatment or conservative therapy.; Caller is by passing questions and faxing in clinical.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Otolaryngology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	right ear otalgia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Otolaryngology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	sudden hearing loss with headaches; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	headaches/fluid in ears/sig neck pain. Sig headaches for 2 months with no improvement with medical management and history of renal cancer and sig neck pain with pain radiating to back of head and down into the arm.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Otolaryngology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	sudden hearing loss with headaches; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Otolaryngology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Otolaryngology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PHLEGM TRAPPED IN LOWER THROAT WHICH WILL TRIGGER COUGH UNTIL FINALLY PRODUCES SMALL BIT OF CLEAR PHLEGM, EX-SMOKER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	pt with phlegm trapped in lower throat, which trigger coughing.  cough chronic pharyngitis chronic laryngitis chronic sinusitis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	VERY TENDER LEFT MASTOID TIP HARD 1CM NODE, 2.5CM VERY TENDER RT AREA III NODE .; This study is being ordered for Inflammatory/ Infectious Disease.; 08/15/2017; There has been treatment or conservative therapy.; left otalgia and tenderness to firm node at mastoid tip some pressure behind both ears; She was treated with Augmentin x 2 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has intracranial mass and left chronic neck and ear pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Otolaryngology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAS NECK PAIN AND LEFT CHRONIC OTOMASTOIDITIS WITH A HISTORY OF CHOLESTEATOMA; WE SUBMITTED A REQUEST FOR CT TEMPORAL BONE AND IT WAS APPROVED. WE SUBMITTED A REQ FOR CT CERVICAL SPINE AND IT WENT TO PEER TO PEER AND PER DR. CORMIES IN MEDICAL REVIEW T; This is a 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
Otolaryngology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; A lab test other than an SPEP suggests thier need for ordering this study.; This is NOT a Medicare member.	1
Otolaryngology	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	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 This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1
Pediatric Oncology	Approval	70450 CT BRAIN, HEAD		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Pediatric Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		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.	1
Pediatric Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	5
Pediatrics	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1

Pediatrics	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 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
Pediatrics	Approval	70544 Mr angiography head w/o dye		1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2013; There has not been any treatment or conservative therapy.; progressive motor tic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Caller is by passing questions and faxing in clinical.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	left temporal lobe cyst on CT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has back pain, blurred vision, and ansicoria; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is having frequent headaches. Patient does stutter. Dad has Chiari malformation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt has had a new onset of headaches in the past 12 months with an increasing intensity over the last -6 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	suddate due to age; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is to evaluate if the patient has a mass; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	6
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	2
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	7
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has a congenital abnormality.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	3
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Pediatrics	Approval	71250 CT CHEST, THORAX	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3
Pediatrics	Approval	71250 CT CHEST, THORAX	ROUTINE EVAL; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	71250 CT CHEST, THORAX	STAGE 1 WILM'S TUMOR; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2013; There has not been any treatment or conservative therapy.; progressive motor tic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; normal xray	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; <Enter Additional Clinical Information>	1
Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	severe low back pan for 3 days, intermittent numbness in left foot and difficulty walking. Has a hx of this.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(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
Pediatrics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Pediatrics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt has something in the scapula	1
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1

Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; Decreases in range of motion , pain is severe; Suspicious Mass or Suspected Tumor/ Metastasis	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	3
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	4
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1

Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	3
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	1
Pediatrics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1
Pediatrics	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ROUTINE EVAL; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	STAGE 1 WILM'S TUMOR; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; 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.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	4
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1

Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Pediatrics	Approval	75557 Cardiac MRI Morph & structure w/o contrast		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Approval	75557 Cardiac MRI Morph & structure w/o contrast		This is a request for a heart or cardiac MRI	2
Pediatrics	Approval	75572 CT Heart		HISTORY OF REPAIRED TETRALOGY OF FALLOT; None of the Above; Is this a request for one of the following? Heart CT	1
Pediatrics	Approval	75574 CT Angiography Heart coronary arteries, CCTA		This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; <Additional Clinical Information>	1
Pediatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older. This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Pediatrics	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
Pediatrics	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Pediatrics	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
Pediatrics	Disapproval	70450 CT BRAIN, HEAD	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
Pediatrics	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Pediatrics	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1

Pediatrics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; There has not been any treatment or conservative therapy.; tingling in face and arm; 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 It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information> < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; There has not been any treatment or conservative therapy.; tingling in face and arm; 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
Pediatrics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<Enter Additional Clinical Information> < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; There has not been any treatment or conservative therapy.; tingling in face and arm; 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
Pediatrics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has back pain, blurred vision, and ansicoria; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/25/2017; There has been treatment or conservative therapy.; pain in hip and pain in low back, osteo arthritis.; 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
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; There has not been any treatment or conservative therapy.; tingling in face and arm; 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
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1

Pediatrics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/25/2017; There has been treatment or conservative therapy.; pain in hip and pain in low back, osteo arthritis.; 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
Pediatrics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Pediatrics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Evaluate muscular and visceral pathology.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Pediatrics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	left knee injury; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Pediatrics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Pediatrics	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Pediatrics	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Enter Additional Clinical InGeneralized abdominal pain noted. This is located primarily in the periumbilical area. It began 1 month ago. She characterizes it as cramping and sharp. It is of almost unbearable intensity. She estimates that the frequenc; Yes this is a request for a Diagnostic CT	1
Pediatrics	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Pediatrics	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	Evaluate muscular and visceral pathology.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Physical Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		low back pain radiating to left LE.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Physical Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY		This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Physical Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1
Physical Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? ; This study is 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
Plastic Surgery	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Plastic Surgery	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1

Plastic Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; 'None of the above' describes the congenital anomaly of the skull.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Plastic Surgery	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	3
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Plastic Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	1
Plastic Surgery	Approval	71250 CT CHEST, THORAX	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Plastic Surgery	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Plastic Surgery	Approval	71250 CT CHEST, THORAX	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
Plastic Surgery	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Plastic Surgery	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1

Plastic Surgery	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT R/O lipoma; This study is being ordered for something other than: 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.; large mass on neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Plastic Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction. R/O lipoma; This study is being ordered for something other than: 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.; large mass on neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Plastic Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction. R/O lipoma; This study is being ordered for something other than: 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.; large mass on neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Plastic Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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
Plastic Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; 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.; < 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
Plastic Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: 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
Plastic Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if 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

Plastic Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Plastic Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Plastic Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1
Plastic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Plastic Surgery	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Plastic Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Podiatry	Approval	72131 CT LUMBAR SPINE, LOW BACK		This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Podiatry	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1

Podiatry	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Podiatry	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Podiatry	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	History of Present Illness: Subjective: Patient returns clinic today for continued evaluation of RIGHT foot and ankle pain. She states completion cancer therapy. She states use of braces with tolerable pain with limited activities. Today she would like to; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.; trauma	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.; trauma	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; &Enter answer here OR type 'Unknown' if no info given.&; This is a request for a bilateral ankle MRI.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	&Enter answer here - or Type In Unknown If No Info Given. &; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	&Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for trauma or injury.; 10/20/17; There has been treatment or conservative therapy.; Pain; Boot,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Foot Pain  Onset: 1 month ago. Duration: 1 Month. Severity level is 9. It occurs constantly and is worsening. Location: left plantar 4th intermetatarsal space. The pain radiates to the side of left foot. The pain is sharp and throbbing. Context: t; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is being ordered for evaluation of Morton's 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 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	History of Present Illness: Subjective: Patient returns clinic today for continued evaluation of RIGHT foot and ankle pain. She states completion cancer therapy. She states use of braces with tolerable pain with limited activities. Today she would like to; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Musculoskeletal: she is painful along the insertion of the achilles tendon bilaterally, the right is worse then the left. Dorsiflexion is painful and limited. She has calcaneal spurs noted.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	NOne; 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
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	ONSET CIRCA 2015, EPISODIC ACUTE PAIN & SOELLING L ANKLE, USUALLY ABOUT 2 X/MONTH. PAIN IS SO SEVERE PATIENT IS UNABLE TO PUT WEIGHT ON FOOT. X-RAY NEGATIVE FOR OSSEOUS PATHOLOGY; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PAIN IN ANKLE AND FOOT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt had injury to left foot on 10/17/17 after jumping out of truck. Xrays were negative for fracture. Swelling and tenderness over the l 5th MTP joint. Painful to walk or wear shoes. Pain on palpation lateral 5th metatarsal head, she also has some pain in ; 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 NOT had foot pain for over 4 weeks.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	SUSPECTED TENDON TEAR; This is a request for an Ankle MRI.; The study is not requested for any of the standard indications for Knee MRI; The study is requested for a reason other than ankle pain.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	10
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	11
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	6
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	12
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion. This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.</p>	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.</p>	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.</p>	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is 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
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is 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
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	17
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	3
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.</p>	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.</p>	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.</p>	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.</p>	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.</p>	8
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for an Ankle MRI.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		Unknown; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Podiatry	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A 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
Podiatry	Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Inversion ankle sprain; This is a request for a bilateral ankle MRI.	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	2 recent falling injuries within the last 3 weeks, both on the L foot, x ray negative for fracture, pain, swelling not resolved on his own; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	BILATERAL FOOT PAIN, SUBCUTANEOUS FOOT MASS, 3RD INTERSPACE RIGHT AND LEFT. 0.5 X 0.5 CM, NODULE, TENDER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Subjective: Patient returns to clinic following up of pain in her right foot and ankle and left foot. Pt relates that this has been ongoing for years and injections, orthotics, boots, and off loading have failed. left foot is better but right is killing h; This is a request for an Ankle MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	1

Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Psychiatry	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	R/o central process as cause of psychosis, pt endorses hx of depressive sx's since 10 or 11 yo, pt was also raped at 10 or 11yo, pt currently endorses depressive sx's and meets criteria for MDE present episode has been ongoing for about 5 years, pt has chro; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Psychiatry	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Psychiatry	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Psychiatry	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Developed chronic back pain, pain is debilitating and adversely affecting her ability to function in activities of daily living; This study is being ordered for trauma or injury.; initial onset 2008; There has not been any treatment or conservative therapy.; Chronic back pain, pain is achey and occasionally stabbing , right sided pain is greater than left, exacerbated by standing for prolonged periods or sitting for prolonged periods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Psychiatry	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Developed chronic back pain, pain is debilitating and adversely affecting her ability to function in activities of daily living; This study is being ordered for trauma or injury.; initial onset 2008; There has not been any treatment or conservative therapy.; Chronic back pain, pain is achey and occasionally stabbing , right sided pain is greater than left, exacerbated by standing for prolonged periods or sitting for prolonged periods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST			1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		She has persistent cough and sinusitis even with the use of Flonase and singulair.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	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
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		56
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	10
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	4
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	6
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if there is radiologic evidence of asbestosis.; "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 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; Cough; sinus and cough medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	.Problem List Impression: 1. COPD (chronic obstructive pulmonary disease) J44.9 Comment/Status: moderately severe. symptoms are well controlled Plan : She could not tolerate Anoro due to side effects. back on advair. cont same. Full PFTs in 3 m; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	6 month follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	6-19-2017; Left lower lobe atelectasis; Associated symptoms of malaise and chills possible pneumonia versus mucus plugging; Treated with Levaquin for 7 days; Repeat chest x-ray in 6 weeks; If persistent atelectasis then she needs CT chest; 8-8-2017; -; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	27
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The 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 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	4
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	abnormal ct of the lungs evaluate pulmonary nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	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	47
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	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	68
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	According to provider: Patient has severe dyspnea, She needs a repeat CT now to ensure stability of this nodule. If it is stable at the 2 year mark we could likely stop following this, but the guidelines would indicate she needs a CT now. recommended 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 CT CHEST, THORAX	According to radiologist: Stable focus of nodular consolidation in the right lung with perifissural nodules and right hilar adenopathy. Given patient's age; and stability these findings are favored to be related to granulomatous infection. Follow-up ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	According to Radiologist:; Impression:; Slight interval decrease in size of right lower lobe pulmonary nodule; and stable right hilar lymph node. Follow-up chest CT in 6 months can; monitor.; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	according to radiology:; The patient has one or more nodules which require followup according; to published Fleischner criteria.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	chest ct 7/03/2017 showed 3cm nodule w/teripthral aspect of the r lower lung; lymphadenopathy in the; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; Abnormal lab finding was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	CXR today showed loculated effusion and ?nodule. ; No indication for ABx at this time ; CT chest) ; Abnormal chest x-ray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Follow up CT Chest for further evaluation on pulmonary nodules found on 8/17/17 CT Chest; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up CT for known 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 CT CHEST, THORAX	follow up CT for lung mass from 4/2017; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up from ct performed 06/22/2017 and showed pulmonary nodule left lower lobe recommended ct follow up 3-6 months; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up of known nodules. Last CT Chest dated 2/8/17   IMPRESSION:  1. There are multiple calcified and noncalcified pulmonary nodules throughout both lungs. The changes are most likely related to granulomatous disease. A followup study in 9 month; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	follow up on media spinal adenopathy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	From Oct 26: FINDINGS: 2 view radiograph of the chest was submitted for review. No osseous abnormality is seen. There is an opacity in the left lung apex. Follow-up chest CT in 3-4 months is recommended. The heart, mediastinum, hila, and pulmonary ve; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	He has been having worsening SOB recently. He saw a cardiologist in Benton recently, Dr. Stewart?, who preformed a LHC. As per the patient, he was told his arteries are clean. No echo  Shortness of breath severity moderate, gets OOB on walking for a co; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	Higher resolution than one done in 10/17; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; It is unknown what if anything else is related to this request for imaging of a known cancer or tumor.; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; 'None of the above' are related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; 'None of the above' were related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	3
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	5
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	none; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Patient went to urgent care two weeks ago upper respiratory tract symptoms; There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT 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 pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	pt had a CTA on 08/21/17; "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 CT CHEST, THORAX	pt had previous CT chest in June 2017 showing 12mm mass in the right upper lobe; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Pt has 5mm nodule on the right left lower abdomen, shortness of breath; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	pt has mediastinal lymphadenopathy; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	pt has 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 CT CHEST, THORAX	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 CT CHEST, THORAX	Recurrent respiratory infections. Last round of antibiotics 1 month ago and patient is having symptoms again; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	8
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	this is a request for CT Chest for the year follow up of lung nodules. Last CT Chest is dated 10/17/17.   IMPRESSION:  1. Multiple small indeterminate lung nodules are identified. You may wish to consider short term followup in 4 months for further ev; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX 71275 CT ANGIOGRAPHY CHEST		
Pulmonary Medicine	Approval	W/CONTRAST/NONCONT RAST		2

Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	; 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
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	pt has extracardiac shunt; 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 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	6
Pulmonary Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Pulmonary Medicine	Approval	72196 MRI PELVIS	A 1.1 centimeter enhancing lesion in the inferior pole of the right kidney. While this could represent a complex cyst, this could also represent a solid mass. Further evaluation with a pre and post contrast MRI of the abdomen is recommended.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	74181 MRI ABDOMEN	A 1.1 centimeter enhancing lesion in the inferior pole of the right kidney. While this could represent a complex cyst, this could also represent a solid mass. Further evaluation with a pre and post contrast MRI of the abdomen is recommended.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	2
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	2
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.	1
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY		1
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		4
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Other nonspecific abnormal finding of lung field, lung 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
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	4
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1

Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.	1
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2
Pulmonary Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		1

Pulmonary Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		Problem List/Impression: 1. Cough R05 Comment/Status: from hisotry , most likely related to post nasal drip and upper airway syndrome. He has GERD and he is symptomatic now . he produces white phlegm.  Plan : Flonase, zyrtec and follow up wi; 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. 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
Pulmonary Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	7
Pulmonary Medicine	Approval	G0297 Low dose CT scan (LDCT) 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.; 9/11/2017; There has been treatment or conservative therapy.; chronic sinusitis, infections, asthma.; test, 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	6
Pulmonary Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT "The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/11/2017; There has been treatment or conservative therapy.; chronic sinusitis, infections, asthma.; test, 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
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	19
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	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	10
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	According to Radiologist: There is a multifocal nodular consolidation involving all lobes, all consistent with pneumonia. There is an 8x7 mm solid spiculated nodule with surrounding micronodules. There is a right nodule on the left major fissure likely r; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	chest CT 10/14/2016 7mm pulmonary nodule. One year follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; It is unknown what led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Follow up CT for lung nodule to determine if malignancy is present.; "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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	follow up on Bronchiectasis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	idiopathic emphysema; 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."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; It is unknown if anything else was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	None; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Other nonspecific abnormal finding of lung field, lung 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

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient is a 1ppd smoker for the past 30+ years. COPD diagnosis in Jan 2016. Feels congested in the chest, Dyspnea, Paroxysmal nocturnal dyspnea and cough.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This is a follow up CT of the chest to determine nonmalignancy of multiple chest nodules.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Pulmonary Medicine	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Pulmonary Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.	1
Pulmonary Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	1
Pulmonary Medicine	Disapproval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Pulmonary Medicine	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Pulmonary Medicine	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Radiation Oncology	Approval	70450 CT BRAIN, HEAD		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1

Radiation Oncology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Radiation Oncology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	brain cancer with brain mets, lung cancer dx with new left lower lymphadenopathy, r/o 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 Radiation Oncology	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	for surveillance; This is a request for neck soft tissue CT.; It is unknown if the study is being ordered for Staging or Follow Up.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	2
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	2
Radiation Oncology	Approval	70544 Mr angiography head w/o dye	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	brain cancer with brain mets, lung cancer dx with new left lower lymphadenopathy, r/o 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 Radiation Oncology	1

Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has been treated with radiation and is returning for a six month follow up MRI brain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is being sent for a MRI brain as a followup.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt with renal cancer with recent 12/28/17 Brain MRI that showed: New 9 mm enhancing lesion in the left occipital lobe consistent with new metastatic disease. ; Radiation MD wants to get MRI Brain for SRS with thinner slices for planning.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	2
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	25
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	10/11/2017 CHEST MASS FOUND 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
Radiation Oncology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2

Radiation Oncology	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Radiation Oncology	Approval	71250 CT CHEST, THORAX	brain cancer with brain mets, lung cancer dx with new left lower lymphadenopathy, r/o 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 Radiation Oncology	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	None; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	71250 CT CHEST, THORAX	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	2
Radiation Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Radiation Oncology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	2
Radiation Oncology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1

Radiation Oncology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Radiation Oncology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease? The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	5
Radiation Oncology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	brain cancer with brain mets, lung cancer dx with new left lower lymphadenopathy, r/o 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 Radiation Oncology	1
Radiation Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	2
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	2
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; 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
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1

Radiation Oncology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the patient is presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" INITIAL SCAN AFTER FINISHING TREATMENT	1
Radiation Oncology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Initial staging for liver metastases.	1
Radiation Oncology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being 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.	3
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	3
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; There is existing evidence of metastasis or other tumor in the body.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.; This is NOT a Medicare member.	3
Radiation Oncology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1

Radiation Oncology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	1
Radiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST		Yes, this is a request for CT Angiography of the brain.	1
Radiology	Approval	70544 Mr angiography head w/o dye		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Radiology	Approval	72196 MRI PELVIS		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Radiology	Approval	73700 CT LEG OR LOWER EXTREMITY		This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Radiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The ordering physician is not an oncologist or orthopedist.; This study is being ordered for staging.; Known Tumor	1
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	3
Radiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST		This is a request for CT Angiography of the Abdomen and Pelvis.	1
Radiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST		Yes, this is a request for CT Angiography of the abdomen.	2

Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		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
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not 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
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Radiology	Approval	74181 MRI ABDOMEN		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study.";	1
Radiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		arterial fibrillation; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Radiology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Radiology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Radiology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if 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 < Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Radiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle spasms weakness radiating to the 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
Rehabilitations	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST			1

Rehabilitations	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Rehabilitations	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Rehabilitations	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	find out what is causing the 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.; 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.; tx 10/18/17 to currently still doing the home treatment. results are same. Pt has taken hydrocodone and baclofen.	1

Rehabilitations	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	walk. Unable to heel walk. Abnormal/exaggerated appearing thoracic kyphosis is noted. Scoliosis is noted. Kyphosis is noted Palpation of lumbar facet joints at L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Palpation of thoracic facet joints ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1999; There has been treatment or conservative therapy.; n. The patient complains of pain in lower back and legs. Patient has been experiencing this pain for last several years. Reports onset of pain gradual . Stated that the pain has progressively gotten worse, not being controlled with rest, activity modifi; Patient has tried following medications for pain: Over the counter anti-inflammatory meds such as Ibuprofen and Aleve, Hydrocodone and Gabapentin in the past. The treatments tried in the past include bed rest, Ice, heat therapy, massage, physical therap; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has 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
Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CAUSE OF PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; ROBACTIN, SYCOBENDPRINE,LAMOTHRIGINE, NAUROTEN, NARCO,TEMAZEPAM	1

Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST 70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	walk. Unable to heel walk.; Abnormal/exaggerated appearing thoracic kyphosis is noted. Scoliosis is noted. Kyphosis is noted.; Palpation of lumbar facet joints at L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Palpation of thoracic.; facet joints ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1999; There has been treatment or conservative therapy.; n. The patient complains of pain in lower back and legs. Patient has been.; experiencing this pain for last several years. Reports onset of pain gradual . Stated that the pain has progressively gotten.; worse, not being controlled with rest, activity modifi; Patient has tried following medications for pain: Over the counter anti-inflammatory meds such as Ibuprofen and Aleve,.; Hydrocodone and Gabapentin in the past.; The treatments tried in the past include bed rest, Ice, heat therapy, massage, physical therap; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	70544 Mr angiography head w/o dye		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		There is an immediate family history of aneurysm.; This is a request for a Brain MRA. R/O MS - it runs in her family. Issues with headaches, bruises on hands and feet; 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
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	2
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Rheumatology	Approval	71250 CT CHEST, THORAX		"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	71250 CT CHEST, THORAX		&It; Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	71250 CT CHEST, THORAX		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

Rheumatology	Approval	71250 CT CHEST, THORAX 71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	Unknown; "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
Rheumatology	Approval		previous ct was done, wants to get better look at chest; This is a request for an MR Angiogram of the chest or thorax	1
Rheumatology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Ms. Waldrip is a 60 year old female who comes on referral of Dr. West for RA evaluation. She has a previous diagnosis of RA, previously followed by Dr. Jones. She reports that she is "falling apart." She also reports a previous diagnosis of fibromyalgia,	1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a neurological disorder.; 05/09/2017; There has been treatment or conservative therapy.; BACK AND NECK PAIN; MEDICATIONS, XRAYs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	6
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3
Rheumatology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	6
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	2
Rheumatology	Approval	72196 MRI PELVIS	UNKNOWN; This study is being ordered for a neurological disorder.; 05/09/2017; There has been treatment or conservative therapy.; BACK AND NECK PAIN; MEDICATIONS, XRAYs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< 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
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; bilateral hands in the hands; weakness stiffness; Steroids; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; Describe treatment /gabapentin conservative therapy here - or Type In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; Approximately 6 years ago; There has been treatment or conservative therapy.; MULTIPLE JOINT PAIN. REFERRED TO DR. CHI FOR INFLAMMATORY ARTHRITIS.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here 11/07/2005 - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; Describe primary symptoms here -Abnormal labs, pain and stiffness in his hands and feet.	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	or Type In Unknown If No Info Given; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	5
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	12
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< 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
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; Describe treatment /gabapentin conservative therapy here - or Type In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	3
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint. &It; Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; &It; Describe primary symptoms here - or Type In Unknown If No Info Given >; medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for 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. Osteoarthritis of knee, pt has completed PT and steroid injections and anti-inflammatory meds; 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
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Positive SSA; This study is being ordered for Inflammatory/ Infectious Disease.; 7/2017; There has been treatment or conservative therapy.; Muscle weakness worsening, weight loss, EMG shows no muscle damage. CPK levels are elevated.; Lab tests, and steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt. is using crutches to walk, twisted knee, buckling when trying to stand, effusion on knee, medication,; 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
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1

Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	5
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; <Additional Clinical Information>; Suspicious Mass or Suspected Tumor/ Metastasis	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1

Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	2
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	2
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Rheumatology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A 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
Rheumatology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Rheumatology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Rheumatology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Rheumatology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Rheumatology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary restrictive lung disease; shortness of breath, chest pain. ruling out PE; A Chest/Thorax CT is being ordered.; The study is being ordered 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary This is a request for a Thorax (Chest) CT.; Unexplained weight loss describes the reason for this request.; Yes this is a request for a Diagnostic CT	1

Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2015; There has been treatment or conservative therapy.; pain, difficulty walking,; Done HEP, meds, steroids,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain and in SSI joint; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2015; There has been treatment or conservative therapy.; pain, difficulty walking,; Done HEP, meds, steroids,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Rheumatology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary		1
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; This study is being ordered for Inflammatory/ Infectious Disease.; Rheumatoid Arthritis (Follow-Up): The patient states her rheumatoid arthritis has worsened since the last visit. Rapid 3 global assessment of disease activity (scale 0-30): 19.  Interval Events: Tina stated that she has been having more pain. She stated ; There has been treatment or conservative therapy.; Active Problems My Priority  1. Arthralgia of multiple sites (719.49) (M25.50) 2. Fatigue (780.79) (R53.83) 3. Fatty liver (571.8) (K76.0) 4. High risk medication use (V58.69) (Z79.899) 5. Lower back pain (724.2) (M54.5) 6. Neck pain (723.1) (M54.2); ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	WILL JUST UPLOAD NOTES; This study is being ordered for Inflammatory/ Infectious Disease.; SPRING 2017; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES; WILL JUST UPLOAD NOTES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary		1
Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3

Rheumatology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ABDOMINAL PAIN, CHRONIC CONSTIPATION, LEFT LOWER QUADRANT PAIN, NO REBOUND OR GUARDING; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Rheumatology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt. having SOB on exertion no chest pain, headaches after DOB, sibling have heart disease have DOE; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Sports Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has 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
Sports Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Sports Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Sports Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1

Sports Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt presents with low back pain, has had IM cortisone injections in the past with the last injection being about a year ago. Pt had a herniated disc that was repaired back in 1995. Pain is worse in the morning and after sitting for a while with associated ; 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
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	12
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	5
Sports Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Sports Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	There is an injury. Trauma 3 weeks 2 days ago on 10/08/2017. Symptoms include joint instability, joint tenderness, limping and weakness. Sx history Lt knee surgery, Rt ACL 05/26/2017. Pt is taking mobic for pain. Physical Exam: Strength Description- Rt kn; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1

Sports Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; The hip pain is due to a recent injury.; The request is for hip pain. ; 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
Sports Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Called patient regarding EMG/NC test results. Told patient Dr. Cassat would like her to have cervical MRI, because it looks to be more from cervical area and not brachial plexus.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Sports Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic bilateral sciatica with underlying disc buldge at l4 5 causing severe right foraminal stenosis and more moderate left foraminal 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.; chronic bilateral sciatica with an underlying diffuse disc bulge at L4-5, causing moderate to severe right foraminal stenosis and more moderate left foraminal stenosis.  peripheral vascular disease Chronic low back pain  Acute pain of lower extremity ; 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
Sports Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	1
Sports Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Sports Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Sports Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Sports Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Sports Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Sports Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Surgery	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		Patient had a pre-operative chest x-ray, showing tracheal deviation at the cervicothoracic junction. The surgeon would like to rule out any mass by CT before going through with 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.; Onset unknown - deviation found on pre-operative chest x-ray.; There has not been any treatment or conservative therapy.; Patient had an abnormal pre-operative chest x-ray showing tracheal deviation. CT is being ordered to rule out a mass.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		Suspicious mass found on physical exam U/s showed 1.22cm x 1.97cm x 1.58cm; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	2

Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2017; There has been treatment or conservative therapy.; persistent headaches.; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2017; There has been treatment or conservative therapy.; persistent headaches.; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the Neck.	1
Surgery	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT CHEST, THORAX	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 CT CHEST, THORAX	abdominal pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2016; There has been treatment or conservative therapy.; lung nodule, chest pain; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4

Surgery	Approval	71250 CT CHEST, THORAX	EGD FOR DYPESIA REAVALING LOWER ESOPHAGEAL ADENOCARCINOMA AND HEARTBURN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT CHEST, THORAX	EHPI: Mr. Brown is a 62yo male with a history of HTN who was referred to the general surgery clinic for a large incisional hernia in RUQ. He had an open cholecystectomy in July and a incisional hernia repair in April. He states that he wears an abdominal ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	71250 CT CHEST, THORAX	Follow up for lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 CT CHEST, THORAX	follow-up todayAfter having seen Dr. Weston in regards to her continued problems with dysphagia abdominal pain and bloody mucousy diarrhea. He had diagnosed irritable bowel and had tried to arrange for rifaximin And also started her on Elavil thinking tha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	71250 CT CHEST, THORAX	none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 CT CHEST, THORAX	Patient had a pre-operative chest x-ray, showing tracheal deviation at the cervicothoracic junction. The surgeon would like to rule out any mass by CT before going through with 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.; Onset unknown - deviation found on pre-operative chest x-ray.; There has not been any treatment or conservative therapy.; Patient had an abnormal pre-operative chest x-ray showing tracheal deviation. CT is being ordered to rule out a mass.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 CT CHEST, THORAX	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	71250 CT CHEST, THORAX	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 CT CHEST, THORAX	The patient has been diagnosed with adenocarcinoma of the rectosigmoid junction. Patient is scheduled for a colon resection. Patient had an abnormal pre-operative chest x-ray, showing pleural effusion. Abd/Pelvis/Chest CT ordered for pre-operative assessm; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT CHEST, THORAX	Will provide if needed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT CHEST, THORAX	Yes, the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; The patient as seen by another type of surgical specialist.; This is a request for a Chest CT.; This study is beign requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	3
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Upper GI study was done that showed a mild contoured deformity.; 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
Surgery	Approval	71550 MRI CHEST	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. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2/17; There has been treatment or conservative therapy.; low back and pelvic pain; Miralax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2000; There has been treatment or conservative therapy.; Radiculopathy, shoulder pain in right shoulder, decreased range of motion, cervical stenosis, increased pain.; Surgery in 2000 and 2002, spinal injections, medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1

Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to known or suspected vascular disease.; The ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	HAVING RIGHT GROIN PAIN NEED TO RULE OUT HERNIA PRIOR TO SURGERY; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Inguinal hernia; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Left lower quadrant pain possible hernia; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Pt had (L) inguinal hernia sx in 5/22/17.He is still experiencing left inguinal pain. Pt had a normal scrotal US. Request for a CT of his pelvis with IV contrast to rule out a recurrence. US was done 11/13/17.Pt also had a recent colonoscopy which was nor; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	pt is having pain he has been sent to therapy but no relief; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	unknown; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	unknown; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Wendy M King is a 36 y.o. female who has struggled with chronic right groin pain since undergoing a right inguinal hernia repair with mesh in November 2015 by Dr. Halter at SVI in Hot Springs. She was first evaluated in clinic in late August at which time; 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 ; This study is 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
Surgery	Approval	72196 MRI PELVIS	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
Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	She has limited thumb range of motion. When she tries to oppose it to the small finger compared to the contralateral side. She has sensation changes and pain issue WITH THUMB MORE THE RADIAL SENSORY NERVE AND THE CUTANEOUS BRANCH THE MEDIAN NERVE DISTRIBU; This study is being ordered for trauma or injury.; 4/21/2017; There has been treatment or conservative therapy.; She still has a lot of pain, soreness, and occasional swelling. She has pain and tenderness all along her thenar muscles and ranging from the first CMC joint along the first metacarpal bone and towards the first MCP joint. There is no gross instability, b; Conservative treatment of time, rest, anti-inflammatories, and activity modifications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	She is tried splints, activity modifications, anti-inflammatories, and no improvement. At this point, she still symptomatic and is impacting her function and comfort.; This study is being ordered for trauma or injury.; 7/31/2016; There has been treatment or conservative therapy.; Pain; Wrist sprain exercises, Ibuprofen, meloxicam, cockup wrist splints.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	7
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	5

Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for Congenital Anomaly.; 2/10/17; There has not been any treatment or conservative therapy.; patient has deformity in his right thumb and left index finger that also has swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	18
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	X-rays also show cystic change of the middle phalanx, left index finger, possibly an enchondroma. At this point, we'll get MRIs of her left hand. Due to the cystic mass of the bone as well as her left wrist about the anatomy of the ECU.; This study is being ordered for Congenital Anomaly.; 8/2017; There has been treatment or conservative therapy.; ECU tendon subluxation, swelling and pain; Splinting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/17/2017; There has been treatment or conservative therapy.; Pain, swelling, numbness, tingling; PT(2Xwk), splints for night wear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/14; There has been treatment or conservative therapy.; right-hand-dominant who is currently not working he reports about a 6 year history of gradually worsening symptoms involving both the arms. The left seems to be worse than the right. Symptoms she relates include popping in the hands and wrists, numbness; She has had therapy in the past. She has used splints in the past and they used to help but they really do not help any longer.She has had injections in the past. She thinks they were done in the carpal tunnel and does not think they help. She says tha; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Chronic lymphedema of unknown etiology, now with right worse than left radial sided wrist and thumb base pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 7/4/2017; It is not known if there has been any treatment or conservative therapy.; Chronic lymphedema of unknown etiology, now with right worse than left radial sided wrist and thumb base pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2000; There has been treatment or conservative therapy.; Radiculopathy, shoulder pain in right shoulder, decreased range of motion, cervical stenosis, increased pain.; Surgery in 2000 and 2002, spinal injections, medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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;</p>	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; It is not known if the patient has had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.</p>	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The request is for shoulder pain.</p>	1

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has 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
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	18
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	2
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	2
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	2
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	4
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	5
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	X-rays also show cystic change of the middle phalanx, left index finger, possibly an enchondroma. At this point, we'll get MRIs of her left hand. Due to the cystic mass of the bone as well as her left wrist about the anatomy of the ECU.; This study is being ordered for Congenital Anomaly.; 8/2017; There has been treatment or conservative therapy.; ECU tendon subluxation, swelling and pain; Splinting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology This is a request for a foot 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
Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; diabetic	2
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	&It; Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Ankle MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for ankle pain.	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1

Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is 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
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	1
Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	EGD FOR DYPESIA REAVALING LOWER ESOPHAGEAL ADENOCARCINOMA AND HEARTBURN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	FOLLOW UP ON 1.8NODULE; 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	74150 CT ABDOMEN WITHOUT CONTRAST	follow-up todayAfter having seen Dr. Weston in regards to her continued problems with dysphagia abdominal pain and bloody mucousy diarrhea. He had diagnosed irritable bowel and had tried to arrange for rifaximin And also started her on Elavil thinking tha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Gall stones, peri umbilical abdominal pain, nausea, 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
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	non stop pressure on left upper quadrant and left upper quadrant regidity; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	5

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	3
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; 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
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Will provide if needed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Unknown.; This study is being ordered for 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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 week ago; There has been treatment or conservative therapy.; upper quadrant pain, back pain, nausea; upper GI, US-both negative; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2/17; There has been treatment or conservative therapy.; low back and pelvic pain; Miralax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ABD & PELVIS W/O CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is not planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	36 her old female has a large recurrent incisional hernia anterior abdominal wall below the umbilicus. Started with laparoscopic cholecystectomy remotely then development of a hernia at her umbilicus during pregnancy repaired with mesh at the time of a ve; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abd Pain, Pt is s/p hyst & RSO(L Ovary US was normal). Pt states she has occasional nausea and constant LLQ pains. States she had hysterectomy in April 2017,dull; aching, getting worse; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; 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 CT ABD & PELVIS W/O CONTRAST	abdominal pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2016; There has been treatment or conservative therapy.; lung nodule, chest pain; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	back pain, joint pain pre op; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 weeks ago abdomen and pelvis 3 years ago spine; There has been treatment or conservative therapy.; chronic pain, nausea, abdomen bulging; prior surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	EHPI: Mr. Brown is a 62yo male with a history of HTN who was referred to the general surgery clinic for a large incisional hernia in RUQ. He had an open cholecystectomy in July and a incisional hernia repair in April. He states that he wears an abdominal ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	FAX; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	hernia, gunshot wound to the abdomen 01/2016; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	mass causing pain which is 7 out of 10; 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 CT ABD & PELVIS W/O CONTRAST	<p>Patient Underwent Laparoscopic Sigmoid Colectomy on 11/21/2017 - starting at 8 pm last night 12/3/17 she began having severe lower abdominal pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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</p> <p>Perforated ulcer repair done and having pain in the back below the left shoulder pain and pain is unbearable.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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</p>	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Post exam showing complications from lap ippy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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</p>	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Pt has had abdominal surgery, looking for 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</p>	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Recent hysterectomy, incisional pain and redness, suspects abscess but ideology is unknown, evaluate the facial layer; 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</p>	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>The patient has been diagnosed with adenocarcinoma of the rectosigmoid junction. Patient is scheduled for a colon resection. Patient had an abnormal pre-operative chest x-ray, showing pleural effusion. Abd/Pelvis/Chest CT ordered for pre-operative assessm; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>The Pt has abdominal mass , hernia, a bdominal 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</p>	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis 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 normal.; Yes this is a request for a Diagnostic CT</p>	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	12
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	11
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The 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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	11
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	3
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; ; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	10
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	2

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Chief Complaint  "Having belly pain"    History Of Present Illness  The patient is a 24 year old Caucasian/White female, who presents on referral by Heather Hart APN , for evaluation of abdominal pain after cholecystectomy in 2011 at "Five Rivers Medi; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Had Hernea surgery 15 yrs ago and now has pain in that area; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Suspected diverticulitis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Abdominal Mass noted on exam. Pre-surgical evaluation to r/o hernia vs mass; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being 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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	upper GI reveals mass, rlo pancreatic or dualdenal; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1

Surgery	Approval	74181 MRI ABDOMEN	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Chronic Pancreatitis	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; unknown	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	2
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; abd CT viewed +2cm enlarged right adrenal gland	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; preop evaluation for consideration of pancreatic resection/Whipple's surgery	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is planned for within 30 days.	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Abdominal pain pos from lifting weights Pain radiating to the groin	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; PANCREATIC CYST	1
Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	4

Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for 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.	2
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	mass under implant; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Newly diagnosed Left Breast Cancer.; 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
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	5
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	4
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	5
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	5
Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Surgery	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; It is not known if chemotherapy has been initiated or completed.; Chemotherapy is planned.; < Enter answer here - or Type In Unknown If No Info Given. >	1

Surgery	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.	1
Surgery	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Surgery	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Surgery	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	1
Surgery	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1 R51 Head
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1 S06.9x9A 1
Surgery	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
Surgery	Approval	93307 TTHRC R-T IMG 2D +M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1

Surgery	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Surgery	Approval	S8037 mrcp		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Surgery	Approval	S8037 mrcp		ERCP not done at facility; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Surgery	Approval	S8037 mrcp		Patient with gallstones, abdominal pain and n/v.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Surgery	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Suspicious mass found on physical exam U/s showed 1.22cm x 1.97cm x 1.58cm; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/3/2017; There has not been any treatment or conservative therapy.; 2x2 cm segmental lymph node, L inguinal hernia, check lymph node prior to hernia repair; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	No info given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/30/2017; There has not been any treatment or conservative therapy.; enlarged lymph node in the neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 week ago; There has been treatment or conservative therapy.; upper quadrant pain, back pain, nausea; upper GI, US-both negative; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	71250 CT CHEST, THORAX	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
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Evaluate hiatal hernia, EGD on 11/16 with biopsy, need full sizing of that for pre op evaluation, located in esophageal 36cm from teeth, moderate gastritis, pre op for possible repair; There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT 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 pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	No info given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/30/2017; There has not been any treatment or conservative therapy.; enlarged lymph node in the neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Chief Complaint  "Spot on my mammogram"    History Of Present Illness  The patient is a 38 year old Caucasian/White female, who presents on referral from Steven Emerson MD, for a surgical evaluation of a biopsy-proven carcinoma. This was detected on ; 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
Surgery	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	pt has had colonoscopy and endoscope with unknown reasons for the pain in right upper chest. Has also had a cholecystectomy. intermittent pain worse at night.; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1
Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1

Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; ; No, the patient does not have new or changing neurological signs or symptoms.	1
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Marcie L Anderson is a 33 y.o. female with no PMH that presents with a year hx of worsening upper back and b/l shoulder pain. She states pain starts in mid-upper back and neck and radiates down her shoulders. She complains of some numbness and tingling i chronic back pain, arthritis, 2 surgeries, pain management; The study requested 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 walk probably;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There is weakness, unable to walk probably, chronic back pain, arthritis, 2 surgeries, pain management; The study requested is 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
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal xrays  no improvement in the patients 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.; 02/2017; There has been treatment or conservative therapy.; bilateral shoulder pain bilateral hip pain constipation; egd/colonoscopy medications for pain and inflammation and constipation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	F/U to CT on 10/5/17 for drain check; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	large bulge that protruded with strain; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1

Surgery	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	patient has left lower quadrant pain and suprapubic tenderness. ultrasound and CT were negative for hernia. Do not want to repeat those exams. due to chronicity and severity would like to do MRI; 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
Surgery	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	suspected sports hernia. patient has had pelvic pain. she had an abdominal ultrasound and transvaginal ultrasound which were unremarkable. needing further imaging for diagnosis and possible surgery depending on findings.; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy. abnormal xrays &#xOD; no improvement in the patients 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.; 02/2017; There has been treatment or conservative therapy.; bilateral shoulder pain&#xOD; bilateral hip pain&#xOD; constipation; egd/colonoscopy&#xOD; medications for pain and inflammation and constipation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	She has limited thumb range of motion. When she tries to oppose it to the small finger compared to the contralateral side. She has sensation changes and pain issue WITH THUMB MORE THE RADIAL SENSORY NERVE AND THE CUTANEOUS BRANCH THE MEDIAN NERVE DISTRIBU; This study is being ordered for trauma or injury.; 4/21/2017; There has been treatment or conservative therapy.; She still has a lot of pain, soreness, and occasional swelling. She has pain and tenderness all along her thenar muscles and ranging from the first CMC joint along the first metacarpal bone and towards the first MCP joint. There is no gross instability, b; Conservative treatment of time, rest, anti-inflammatories, and activity modifications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Surgery	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Chronic lymphedema of unknown etiology, now with right worse than left radial sided wrist and thumb base pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 7/4/2017; It is not known if there has been any treatment or conservative therapy.; Chronic lymphedema of unknown etiology, now with right worse than left radial sided wrist and thumb base 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	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary		1

Surgery	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Her plain films do not correlate with the symptoms and she's failed conservative treatment.; This study is being ordered for Inflammatory/ Infectious Disease.; 9/4/2015; There has been treatment or conservative therapy.; She has altered sensation and pain throughout multiple nerve distribution areas.; She's failed conservative treatment of time, rest, splints, therapy, and medications including gabapentin and tramadol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Her plain films do not correlate with the symptoms and she's failed conservative treatment.; This study is being ordered for Inflammatory/ Infectious Disease.; 9/4/2015; There has been treatment or conservative therapy.; She has altered sensation and pain throughout multiple nerve distribution areas.; She's failed conservative treatment of time, rest, splints, therapy, and medications including gabapentin and tramadol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	abnormal xrays  no improvement in the patients 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.; 02/2017; There has been treatment or conservative therapy.; bilateral shoulder pain bilateral hip pain constipation; egd/colonoscopy medications for pain and inflammation and constipation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Surgery	Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for trauma or injury.; 11/5/17; There has been treatment or conservative therapy.; swelling, pain; NSAIDS, elevation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Surgery	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	 Enter answer here - or Type In Unknown If No Info Given.  This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; It is not known if this patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT	1

Surgery	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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
Surgery	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	; This study is 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
Surgery	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Surgery	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.  Enter answer here - or Type In Unknown If No Info Given.  This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	 Enter answer here - or Type In Unknown If No Info Given.  This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	 Enter answer here - or Type In Unknown If No Info Given.  This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	55 yr old male patient w/ abd pain ; hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic abdominal pain; Hx of GI issues; constant constipation r/o obstruction Also pre-op for possible surgery; This is a request for an abdomen-pelvis 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
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Epigastric hernia and umbilical hernia - pre-surgery study; 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 Gall bladder removed, pain, nausea, vomiting and R/O problems from surgery; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	history of hernia repair; This is a request for an abdomen-pelvis CT 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
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	LEFT SIDED AB PAIN, PALPATATION, FIBRA ILLNESS, PATIENT HAD CT IN 2010 THAT SHOWED DIVERTICU 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 acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	noted on imagine lobulated pancreatic cystic lesion on mid body, cystic pancreases neoplasm, recommend mri, but doctor is request CT scan; This is a request for an abdomen-pelvis CT 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has a colostomy since 2007; Pt has developed a paracolostomy hernia. This is a preoperative evaluation; This is a request for an abdomen-pelvis CT 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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	11
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	2
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being requested for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; This study is being ordered for 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
Surgical Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgical Oncology	Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	4
Surgical Oncology	Approval	71250 CT CHEST, THORAX		'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	71250 CT CHEST, THORAX		'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	71250 CT CHEST, THORAX		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Surgical Oncology	Approval	71250 CT CHEST, THORAX		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	14
Surgical Oncology	Approval	72196 MRI PELVIS		This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	2
Surgical Oncology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Surgical Oncology	Approval	73700 CT LEG OR LOWER EXTREMITY		This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	73700 CT LEG OR LOWER EXTREMITY		This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	1

Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	2
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation	1
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	2
Surgical Oncology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Reports diffuse abdominal pain, onset several weeks, moderate intensity, intermittent, cramping in character with no radiation to other abdominal sites and no aggravating or relieving factors. Patient is s/p Robotic-assisted laparoscopic radical hysterect; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	12
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1

Surgical Oncology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Surgical Oncology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Follow up of indeterminate MRI abdomen performed 6/8/2017	1
Surgical Oncology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Ms. Jones is a 64F with history of Stage III melanoma excised for her left cheek in 2015. Surveillance CT and MR of showed a suspicious area in segment 3 of the liver. A sonographic directed biopsy was either non-diagnostic or it is benign. I do not ha	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; It is not know if the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	8
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	3
Surgical Oncology	Approval	78813 PET IMAGING WHOLE BODY	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgical Oncology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	2

Surgical Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Surgical Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.	1
Surgical Oncology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT More troublesome perhaps is his left arm numbness. The numbness lacks clear radicular distribution but may result from proximal nerve compression or stenosis, I believe examination in the hand clinic may be beneficial and that nerve conduction studies m; 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 NOT had back pain for over 4 weeks.	1
Surgical Oncology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Thoracic Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST		Yes, this is a request for CT Angiography of the Neck.	2
Thoracic Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		"The ordering physician is a surgeon, pulmonologist, or cardiologist.;" A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		; 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
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		post op infection, sternum drainage will be admitted to the hospital; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

Thoracic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2
Thoracic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	thoracic aneurysm, follow up post surgery; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Thoracic Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	History of Present Illness: Marty R Blanchard is a pleasant 58 y.o. year-old male who is being seen in the CVT surgery clinic for evaluation. He was seen a year ago with a CT scan which was done because of his chronic back pain. It showed a thin area of ; 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
Thoracic Surgery	Approval	74181 MRI ABDOMEN	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Thoracic Surgery	Approval	75573 CT Heart Congenital Study 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Patient continues to complain of abdominal pain; 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
Thoracic Surgery	Approval	75573 CT Heart Congenital Study 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	This is a request for Heart CT Congenital Studies.	1
Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Yes, this is a request for CT Angiography of the abdominal arteries.	5
Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Thoracic Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1

Thoracic Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1
Thoracic Surgery	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Thoracic Surgery	Disapproval	71250 CT CHEST, THORAX	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
Thoracic Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Thoracic Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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
Thoracic Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Thoracic Surgery	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Thoracic Surgery	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	VATS and lobectomy for symptomatic bulla performed 11/22/2016. Low Dose CT is now being ordered for increased risk of lung cancer due to the patient smoking history of 1 pack per day for over 30 years. Right-sided pneumothorax see on CXR done 12/15/2016.; 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
Unknown	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70450 CT BRAIN, HEAD		getting headaches more frequently, will wake up with a headache at the top of her head most mornings; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Unknown	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	2
Unknown	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2

Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	2
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/13/17; There has been treatment or conservative therapy.; difficulty breathing; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is 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
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	cervical mass; right side of neck along anterior side of sternocleidomastoid muscle has enlarged lymph node or mass. Lymph Nodes: no supraclavicular LAD and 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 neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	NOTICED LUMP LAST WEEK; 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
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient with a 4 month history of a lump on the right side of the neck that is getting larger.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are new or changig symptoms in the neck.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	6
Unknown	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	Yes, this is a request for CT Angiography of the Neck.	1
Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1

Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1
Unknown	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2
Unknown	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has 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. This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
Unknown	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
Unknown	Approval	70547 Mr angiography neck w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>daily persistent headache x 3 months; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing since 09/19/2014; There has been treatment or conservative therapy.; migraine and neck pain greater than 3 days; imitrex as needed, relaxation techniques, topamax, maxalt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has a mild intermittent right upper extremity rest tremor along with cupping of the right hand and dystonic posturing of the right hand when at rest. A mild right upper extremity postural and minimal right upper extremity action tremor is also seen; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p> <p>Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; This study is being ordered for a neurological disorder.; multiple sclerosis. last scan 8/11/16.; There has been treatment or conservative therapy.; Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; Previous trials of Copaxone and Avonex in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient is here to follow-up. She is accompanied by her mother. Her memory loss continues to be an issue. She states that she is still concerned with this. She is seeing Dr. Gustafson neurology in 2-3 weeks. She is also having worsening migraines. They're; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient reports BLE weakness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>RESTAGING BRAIN CANCER WITH NEW PAIN IN SPINE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RESTAGING KNOWN BREAST CANCER AND LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Right arm and leg weakness with increased tone and brisk reflexes differential include cervical cord pathology vs left hemisphere lesions; Ambulatory dysfunction; HIV; 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. SATURDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBESS, DIMISHED APPETTIE .; This study is being ordered for Congenital Anomaly.; SATURDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBESS, DIMISHED APPETTIE; It is not known if there has been any treatment or conservative therapy.; SATURDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBESS, DIMISHED APPETTIE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	see scanned info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/29/2017; It is not known if there has been any treatment or conservative therapy.; seizure while driving, now neck pain present, family hx of aneurysm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	10
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	4
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	2
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	3
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	2
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2017; There has not been any treatment or conservative therapy.; Pain to neck, Limited range of motion to neck with no reported injury. Severe, pulsating, pain to head that does not respond to treatment with OTC pain relievers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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. "The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Unknown	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	3
Unknown	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Unknown	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	3
Unknown	Approval	71250 CT CHEST, THORAX	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	12
Unknown	Approval	71250 CT CHEST, THORAX		2

Unknown	Approval	71250 CT CHEST, THORAX	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	71250 CT CHEST, THORAX	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 CT CHEST, THORAX	due to lesions and pain ordered these test to look for something causing problems; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; pain, lesions are all over her body including the face, chest, abdomen and pelvis area.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 CT CHEST, THORAX	fatigue and weight loss (10 lbs), on chest xray there are several questionable areas, possible right upper low mass, possible left low mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	71250 CT CHEST, THORAX	lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 CT CHEST, THORAX	Mr. Williams is a 59-year-old African-American male who was referred to me for further evaluation of newly diagnosed rectal cancer. The patient reports he recently developed hemorrhoidal pain as well as bright red blood per rectum. He underwent a colono; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT CHEST, THORAX	Neoplasm: colorectal, rx monitor or f/u; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT CHEST, THORAX	'None of the above' describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; 'None of the above' are 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
Unknown	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 CT CHEST, THORAX	Patient previously had Chest CT and PET Scan 7/2017. This is a request to follow up on parenchymal lesions 3 months from last imaging. on 7/14/2017 Imaging advised that lesions were most likely infectious or inflammatory and should be followed up to assu; 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
Unknown	Approval	71250 CT CHEST, THORAX	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	71250 CT CHEST, THORAX	PROGRESSION EVALUATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 CT CHEST, THORAX	pt with stage II malt lymphoma of the thyroid. lung nodules seen on pet/ct scan. follow up recommended by radiologist.; "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
Unknown	Approval	71250 CT CHEST, THORAX	RESTAGING COLON CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 CT CHEST, THORAX	RESTAGING KNOWN BREAST CANCER AND LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 CT CHEST, THORAX	RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 CT CHEST, THORAX	She has been coughing for several years. She has been bringing up gray sputum, sometimes bloody, She has some dyspnea, wheezing, but no chest pain. She has been smoking a pack per day for 45 years (est 320,000 cigarettes).; The patient has NOT had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	71250 CT CHEST, THORAX	<p>Stage IIA Rectal Adenocarcinoma; CT; CAP 7/24/17 showed no clinical evidence of disease recurrence; Will; repeat CT CAP in 6 months; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>SUSPECTED 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</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>Tasked 12/19/2017 11:58 AM by Kristi Hammons, RN; Patient Information; Name: THACKER, KATHERINE M; DOB: 11/07/1977; IDX #: 1260643 ID: ; Home Phone: (479)846-2694; Work Phone: Alt Phone: (479)305-3547; Referring Provider Informatio; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>The cardiomedastinal silhouette is normal. Subsegmental; atelectasis is present at each costophrenic angle. The lungs are clear; of consolidative opacities. Mild pulmonary hyperinflation suggests; emphysema. On the lateral radiograph, there is somewhat o; "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</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>There is a potential 12 mm density overlying the left; midlung and the posterior 8-9 rib interspace. No acute infiltrate or; pulmonary edema. Mild eventration of the anterior right diaphragm. Possible nodule in the left lower lung. Please consider; 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</p>	1
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	<p>There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p>	1
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	<p>; This study is being ordered for Vascular Disease.; 12/01/2015; It is not known if there has been any treatment or conservative therapy.; underwent TEVAR/Lt carotid subclavian bypass 12/2015. He subsequently developed Type I endoleak and underwent extension of endovascular stent/coil embolization of proximal false lumen. This was done by Dr. Michael McNally at UT in Knoxville, TN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Known ascending aortic aneurysm.; This study is being ordered for Vascular Disease.; Ascending aortic aneurysm; There has been treatment or conservative therapy.; He has coronary disease.; Blood pressure medication to keep blood pressure controlled. Treatment for 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
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Ms. Crain is a 56y/o female patient who was referred to EP by Dr. Paydak for possible PVI d/t paroxysmal atrial fibrillation. Symptoms include palpitations in the neck and all body and head dizziness. Breakthrough on flecainide. Daily recur. She was on am; 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. Referring provider: Andrew Henry MD _____ I had the pleasure of seeing Mrs. Alarcon in consultation for Atrial fibrillation. As you know she is a pleasant 56 yr old female with a history of HTN, HL, atria; 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. Referring Provider: Paxaio, Andre _____ I had the pleasure of seeing Mr. Reed in consultation for persistent atrial fibrillation. As you know he is a pleasant 58 yr old male with a history of HTN, prior gastic bypa; 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
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	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
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	5
Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.	1

Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	2
Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1
Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI. ; This study is being ordered for a neurological disorder.; Many years ago but gotten worse over the past two-three months; There has been treatment or conservative therapy.; muscle spasms in legs bilaterally, numbness and tingling in his fingers. difficultly sleeping due to pain, loss of balance.; chiropractic care with no relief as well as muscle relaxers with no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for a neurological disorder.; Many years ago but gotten worse over the past two-three months; There has been treatment or conservative therapy.; muscle spasms in legs bilaterally, numbness and tingling in his fingers. difficultly sleeping due to pain, loss of balance.; chiropractic care with no relief as well as muscle relaxers with no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; Yes this is a request for a Diagnostic CT	2

Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; This study is being ordered for a neurological disorder.; multiple sclerosis. last scan 8/11/16.; There has been treatment or conservative therapy.; Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; Previous trials of Copaxone and Avonex in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	prior to treatment - new diagnosis for cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	SATURDAY MORNING FEELING LIGHTEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBESS, DIMISHED APPETTIE .; This study is being ordered for Congenital Anomaly.; SATURDAY MORNING FEELING LIGHTEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBESS, DIMISHED APPETTIE; It is not known if there has been any treatment or conservative therapy.; SATURDAY MORNING FEELING LIGHTEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBESS, DIMISHED APPETTIE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	3
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; 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 a facet joint injection.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	10
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	7
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	8
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2017; There has not been any treatment or conservative therapy.; Pain to neck, Limited range of motion to neck with no reported injury. Severe, pulsating, pain to head that does not respond to treatment with OTC pain relievers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; This study is being ordered for a neurological disorder.; multiple sclerosis. last scan 8/11/16.; There has been treatment or conservative therapy.; Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; Previous trials of Copaxone and Avonex in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology prior to treatment - new diagnosis for cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	7
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.;" The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/31/2017; There has been treatment or conservative therapy.; Low back pain, left knee pain, Swelling and locking; HEP, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness, numbness and tingling down her 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
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: muscle aches and weakness and arthralgias/joint pain and back pain.; Neurologic: Reflexes: asymmetric (decreased on the lle exam; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chief Complaint; back pain ; Reason For Visit; Patient is here with c/o x 1 month. Patient reports pain is worsening also states pain has started to radiate down leg into bottom of foot as well as some tingling and numbness. ; History of Present Illne; The study 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lumbar back: She exhibits decreased range of motion, tenderness and spasm. ; Neurological: Positive for dizziness, tingling, sensory change, weakness and headaches; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neurological: She is alert and oriented to person, place, and time. A sensory deficit is present. ; Decreased strength to BLE 2/5. ; Decreased sensation to BLE. ; Positive bilateral straight leg raise.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lumbar spondylosis,; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has had physical therapy (see attached clinicals) also the has had more than 6 weeks of Nsaids; Aleve 220mg, gabapentin 800mg, tramadol 50mg and ibuprofen 200mg (see 05/25/17 office visit note); The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; This 50 year old female presents with low back pain with bilateral leg pain but mainly on the right. She states her pain is so deep in her legs that she can't tell if it's on the anterior or posterior side. She states the pain is worse with standing and w; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p> <p>prior to treatment - new diagnosis for 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</p>	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Pt is in pain, Limited ROM.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bi-lateral 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.</p> <p>RESTAGING BRAIN CANCER WITH NEW PAIN IN SPINE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The patient complains of pain in lower back. He reports onset of pain gradually over time without significant initiating factor. The patient describes his pain as constant with intermittent flare ups. The pain is aching, stabbing, sharp, deep, cramping an;</p> <p>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	2
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.</p>	2
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.</p>	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does 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.</p>	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	16
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of a paraspinal abscess.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	36
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	8
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	18
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1

Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	blood in the stool as well;; The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	female presents with abdominal pain X4 weeks. Location is right groin region. Started after riding a bike. Has tried aleve and hot packs with some benefit. No radiation. Pain is intermittent and occurs once weekly and with sitting and BMs. Lasts one hour ; 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
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient was seen in ER on 11/5/17 , had Abnormal CT, this request is for a 1 month follow up CT.; The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Unknown	Approval	72196 MRI PELVIS	Ms. Jones is a 33 y.o. GO African American female who presents for evaluation of Pelvic mass. Pt reports she was admitted to the hospital recently d/t cardiac related issues and during w/u, a pelvic mass of some sort was noted during cardiac echol, and ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	72196 MRI PELVIS	PELVIC CONGESTION SYNDROME; 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
Unknown	Approval	72196 MRI PELVIS	The ordering physician is an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1
Unknown	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	3
Unknown	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	3
Unknown	Approval	72196 MRI PELVIS	X-ray of pelvis recently revealed changes suspicious for sacroiliitis. I suspect that he has seronegative spondyloarthritis causing both peripheral and axial arthritis.; 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
Unknown	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1
Unknown	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Unknown	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient is a 34-year-old female presents today for evaluation pain in her left wrist and elbow. She was a previous patient of Dr. John Stephenson. She had a history of surgery with left wrist arthroscopy, cyst removal, and debridement. She also underwe; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	2
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; 49-year-old male with a 3 year history of worsening right shoulder pain. Presented as a self referral from a family friend. He was being referred to a pain management clinic by his PCP and desired for secondary opinion. Patient is a completely at the t	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	10
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	8

Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; HPI:  Constitutional:  Patient presents for follow-up regarding c/o left shoulder pain with limited ROM and weakness; onset a few weeks ago. Denies any other symptoms at this time to include CP, SOB, dizziness, abdominal pain, fever, chills.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Long discussion was had with the patient today regarding operative versus non operative management of her shoulder pain. We discussed her diagnosis of bursitis at length. Given the fact that she has not attempted significant conservative measures we rec	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; The patient is a 21-year-old right-handed senior at Baylor University who dislocated his right shoulder for the 1st time about a year ago while wake boarding. This was reduced and he has now had 7 or 8 subsequent dislocations, the last 1 was about 2 mont	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	xray reported that there is a suggestion of bony excrescence sxtending from the distal clavicle measuring 2.5 x 1 cm. this could represent a benign osteochondroma. If there is pain at the distal clavicle, further imaging workup with MRI could be performed; 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

Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	. Knee pain is concentrated in quadriceps tendon. Will try to get patient a CT scan (has metal in jaw so MRI is conraindictated) and will f/u with a referral to orthopedic physician; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	reports bilat feet have been cool to touch x 2 yrs, complaining of abdominal pain, nausea, diarrhea, dizziness, weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2017; It is not known if there has been any treatment or conservative therapy.; abdominal pain, nausea, diarrhea, dizziness, weakness, left leg pain he has been having for the last couple of days, reports bilat feet have been cool to touch x 2 yrs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/31/2017; There has been treatment or conservative therapy.; Low back pain, left knee pain, Swelling and locking; HEP, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were abnormal.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were normal.; The patient has NOT had any abornormal lab studies.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	2

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2017; There has not been any treatment or conservative therapy.; He has bilateral knee pain and it has been going on for many months. It seems to be getting worse. He complains of grinding and catching in the knee, much of the pain is anteromedial.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>History / Dx: M25.562 Acute pain of left knee &#x0D; History / Dx: Medial left knee pain and tenderness getting worse over the last 2wks&#x0D; History / Dx: Intermittent locking of left knee while extending&#x0D; &#x0D; Duration of Symptoms: Start: 09/29/2017 &#x0D; &#x0D; Physical; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.</p>	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is 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.</p> <p>This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.</p>	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.</p>	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.</p>	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury</p>	12
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days</p> <p>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; It is not known if the member experience a painful popping, snapping, or giving away of the knee.</p>	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.</p>	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT	<p>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.</p>	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	3
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Limited range of motion	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; acute injury r knee exostosis off of posterior metaphysis of the distal femour suggestive of bone lesion such as porta co or osteochondroma; Suspicious Mass or Suspected Tumor/ Metastasis	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking	2

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	X-ray shows Left tibial plateau fracture.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Pt has left hip and groin pain. the pain is increased with any type of movement. anti-inflammatories help a little. External rotation and extension elicits pain. Flexion and internal rotation elicit some pain also; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Right hip pain that has been going on for several months. The pain is located on the right side and radiates to the pts. groin area. Internal rotation elicits significant hip and groin pain.; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	2
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1

Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ABDOMEN WITHOUT CONTRAST	Abnormal abdominal ultrasound.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT Ct scan to rule out incisional hernia vs diastasis recti; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	NASH, abnormal liver functions, ascites; 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 patient had U/S done that recommended patient have a CT scan done; 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 RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	NASH, abnormal liver functions, ascites; 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 patient had U/S done that recommended patient have a CT scan done; 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 RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	NASH, abnormal liver functions, ascites; 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 patient had U/S done that recommended patient have a CT scan done; 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 RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	NASH, abnormal liver functions, ascites; 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 patient had U/S done that recommended patient have a CT scan done; 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 RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	3
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are 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	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	reports bilat feet have been cool to touch x 2 yrs, complaining of abdominal pain, nausea, diarrhea, dizziness, weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2017; It is not known if there has been any treatment or conservative therapy.; abdominal pain, nausea, diarrhea, dizziness, weakness, left leg pain he has been having for the last couple of days, reports bilat feet have been cool to touch x 2 yrs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for Vascular Disease.; 12/01/2015; It is not known if there has been any treatment or conservative therapy.; underwent TEVAR/Lt carotid subclavian bypass 12/2015. He subsequently developed Type I endoleak and underwent extension of endovascular stent/coil embolization of proximal false lumen. This was done by Dr. Michael McNally at UT in Knoxville, TN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology due to lesions and pain ordered these test to look for something causing problems; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; pain, lesions are all over her body including the face, chest, abdomen and pelvis area.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	fatigue and weight loss (10 lbs), on chest xray there are several questionable areas, possible right upper low mass, possible left low mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Lab done 9/28/17 shows a microcytic anemia and a normal WBC and normal differential (normal lymphocyte percentage). Chemistry panel normal including LDH (see below for results).; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT Mr. Williams is a 59-year-old African-American male who was referred to me for further evaluation of newly diagnosed rectal cancer. The patient reports he recently developed hemorrhoidal pain as well as bright red blood per rectum. He underwent a colono; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ABD & PELVIS W/O CONTRAST	nausea , pain R/ O appendice; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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 CT ABD & PELVIS W/O CONTRAST	Neoplasm: colorectal, rx monitor or f/u; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ABD & PELVIS W/O CONTRAST	PROGRESSION EVALUATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt having a rising psa and having new hip pain.; 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
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt having abd pain, hx of liver infiltrates, no naueas but does have heartburn. RUQ tenderness and RLQ tenderness; Gb US was 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
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING COLON CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING KNOWN BREAST CANCER AND LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	SPLENOMEGALY; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Stage IIA Rectal Adenocarcinoma; CT; CAP 7/24/17 showed no clinical evidence of disease recurrence; Will repeat CT CAP in 6 months; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ABD & PELVIS W/O CONTRAST	STATUS POST LIVER BIOPSY WITH ACUTE ABDOMINAL PAIN. BLOOD NOTED ON CT DURING BIOPSY - BLEEDING.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 SUSPECTED CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Tender to left lower ABD, Blood on UA.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT 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 This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient did not have a 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.; 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
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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	3
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; 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 is female.; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	5
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abnormal renal ultrasound. Attempted to get patient in with urology and urologist wants patient to have CT Abdomen and pelvis before scheduling.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ATTEMPTED TO DO COLONOSCOPY TODAY FOR THE RECTAL BLEEDING IT WAS INCOMPLETE NOW WANTS CT OF ABDOMEN AND PELVIS; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	5
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	12
Unknown	Approval	74181 MRI ABDOMEN	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Unknown	Approval	74181 MRI ABDOMEN	Ms. Jones is a 33 y.o. GO African American female who presents for evaluation of Pelvic mass. Pt reports she was admitted to the hospital recently d/t cardiac related issues and during w/u, a pelvic mass of some sort was noted during cardiac echol, and ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Unknown	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; elevated liver enzymes &#xOD; She has been to the ER on a couple of occasions with severe abdominal pain. Her AST and ALT were 719 and 594 respectively on Sept. 3rd. She went back to the ER on Sept. 14th and they had decreased to 420 and 319. She had a cholec	1
Unknown	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Unknown	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Unknown	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient with a strong family history of CAD with the complaint of chest pain and chest tightness, palpitations, dyspnea, decreased exercise tolerance, and fatigue; Yes, there is Chronic Chest Pain.	1
Unknown	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	3
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient is a G6P6 peri menopausal 54 year old female referred by UAMS Breast Center after a referral from Dr Martha Flowers with a new dx of clinical STAGE Ia T(0.9cm)N0Mx (per images done on 11/27/2017) R Breast Cancer. She has a PMH of HTN and NO Known; 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
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	4
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1
Unknown	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	restaging after chemo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as a pre-operative evaluation.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 10/27/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	LHCshowed single-vessel CAD of the RCA with subtotal occlusion with collaterals from the left. Akinetic inferior to psterior segment. EF 20-25%; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt unable to walk treadmill, report to be faxed, hypertension, tia's, cp, dyspnea; 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
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for a post myocardial infarction evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had a nuclear cardiology study since having an MI.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Type 2 diabetes mellitus without complications; 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
Unknown	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.	1
Unknown	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; It is unknown if the solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1

Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	3
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	2

Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 10/27/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is 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) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2

Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4
Unknown	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.	1
Unknown	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Unknown	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4
Unknown	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1

Unknown	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
Unknown	Approval	S8037 mrcp			1
Unknown	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years ago; There has been treatment or conservative therapy.; mbr has pain in face and headaches and noises in jaw joint and ear and jaw joint pain and tender and tenderness muscles; Splint therapy and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	5
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1

Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years ago; There has been treatment or conservative therapy.; mbr has pain in face and headaches and noises in jaw joint and ear and jaw joint pain and tender and tenderness muscles; Splint therapy 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 ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.; It has been 28 or more days since onset AND the patient failed a course of treatment	1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pre op; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Unknown	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/17/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing fatigue or malaise.	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ELEVATED PROLACTIN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presented to clinic complaining of headache and right eye pain. Patient was approved for an MRI in May 2017, but did not go to appointment because of cost. Patient has continued to have 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
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	cough persistent despite abx ,steroids and ud tx, hx of tobacco use, SOB with exertion been persistent, Wheezing on and off as well at times; A Chest/Thorax CT is being ordered.; The study is being ordered 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 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	2
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT	2
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pre op; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	pt has pleural effusion; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Unknown	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 8/19/2017; There has been treatment or conservative therapy.; 1- right knee pain "with a knot" since MVC Aug 19. Pt reports that it hit the dash. Reports that pain is worse after being up on it after working.  Denies new injury.  2- c/o soreness to left chest- this symptom is also since wreck in August. States t; Nonsteroidal anti-Inflammatory drug Muscle relaxant; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1

Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	about 6 month history of exacerbating neck pain. Pt has numbness and tingling in the lower extremity. Complains of electrical sensation down the spine. No difficulty with ambulation. No problems with dexterity; 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. Patient states he is less and less able to perform activities of daily living.  Patient would like to try injection therapy as alternative and MRI is required to do so.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approximately 10-15 years ago; There has been treatment or conservative therapy.; pain, swelling, tenderness, stiffness; Patient reported to clinic that he has previously tried Chiropractic treatment and Physical Therapy as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	see scanned info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/29/2017; It is not known if there has been any treatment or conservative therapy.; seizure while driving, now neck pain present, family hx of aneurysm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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
Unknown	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/17/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and pain radiating; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/01/1996; There has been treatment or conservative therapy.; back pain; radiculopathy; neck pain; NSAIDS; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing since 09/19/2014; There has been treatment or conservative therapy.; migraine and neck pain greater than 3 days; imitrex as needed, relaxation techniques, topamax, maxalt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain with radiculopathy Started in May 2017. NO abnormal imaging for c spine. Physical therapy for over 4 weeks have not helped. worsening symptoms. HAS tried Tramadol and Norco for over 12 weeks, not helped. Negative Spurling.; This is a request for cervical 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 down right upper extremity with neck pain for over 12 weeks;	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient had had conservative treatment for the past 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.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is experiencing radiating pain down into the thoracic region of the spine. the patient also has neck pain which is making it difficult for the patient to be able to move the head. the patient is experiencing headaches that are said to be severe; 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient has not had any improvement with current treatment plans. The patient is needing further evaluation to conclude which treatment would be more efficient. shoulder pain, trouble sleeping; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt was referred to neurology for worsening neck pain, has radiculopathy, pain in arms with numbness and tingling. pain 10/10 constantly. pt has been using ibuprofen and pain medication and muscle relaxers since she first spoke with her pcp about this pro; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	spasms and tenderness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; range of motion is decreased and very tense; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1

Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; female presents with an ER f/u.Prescribed metaxalone and oxycodone for musculoskeletal neck pain with little benefit. Xray obtained. See impression below. She continues to have pain in the left side of her neck and neck stiffness. No known injury or new p	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Patient was involved in an accident and his truck was flipped. Patient came in later and states that he is having neck pain with numbness and tingling of the left arm and hand.; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower C spine pain shooting to left arm, finger. Numbness to 1,2,3 fingers. Grip 3/4 left hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	No improvement with conservative treatment. Has tried prednisone and gabapentin without improvement Have taken xrays of Tspine that were negative for anything acute; 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.; range of motion to the right causes significant numbness/warm sensation to lateral side of right arm. With Hyperextension of neck it produces dizziness to patient. Has limited overhead movement of arms due to discomfort. Has tenderness to upper thoracic sp; There is recent evidence of a thoracic spine fracture.	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study 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

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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 , 6 weeks</p> <p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.;</p>	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; patient has been complaining of lumbar back pain. Had MRI in 2016 which showed degenerative disc disease and faucet arthropathy. We are trying to send patient to neurosurgeon, but they require an updated MRI.</p>	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/01/1996; There has been treatment or conservative therapy.; back pain; radiculopathy; neck pain; NSAIDS; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	06/05/2017 xray of lumbar showed discogenic degeneration noted at L5-S1 with intervertebral disc height loss. Mild facet arthropathy noted at L5-S1 level. Moderate discogenic degeneration at L5-S1. patient continues to have increased pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	c/o low back pain for 2 years, chronic low back pain with radiculopathy lateral side of bilateral lower extremities to knee, hx of DDD, hx of spinal 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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	history of left leg skin cancer post resection, PVD post left femoral stenting and lumbosacral spine fracture 30 years ago who presents with lower back and bilateral lower limb pain more on the left for one day. ABI was 0.6 on the right and 0.82 on the le; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; history of left leg skin cancer post resection, PVD post left femoral stenting and lumbosacral spine fracture 30 years ago who presents with lower back and bilateral lower limb pain more on the left for one day. ABI was 0.6 on the right and 0.82 on the le; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain that radiates down both sides and causing legs to give out leading to frequent falls.; 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 on exam of bilateral 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
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lumbar back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling both extremities. Pain with activity and ambulation. Failed conservative management, states that he has an exacerbation of back pain for the past five years; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has failed three weeks conservative therapy.Low back Pain with radiation to buttocks.X-rays of lumbar spine normal.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had back pain for over a year. Conservative treatment has not helped. She has altered gait due to pain and straight leg test was positive. When palpating the spine she was severely tender in the midline. Need MRI to further evaluate; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has increasing lumbar pain radiating into both lower limbs.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having a shocking type pain in her left knee and some in her knee right knee. She has weakness radiating from her lower back down both legs.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She is still having the shocking; pain in the left knee and has started having it in the right knee as well. She reports that the home exercise program of her legs and lumbar spine has not helped her symptoms. On exam, she has weakness radiating from ; The patient does not have new signs or symptoms of bladder 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 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents with back pain that started when she heard a pop and pain slowly progressed. Pain is worse with movement. Patient went to the ER and obtained xrays which showed no abnormalities. Patient was prescribed flexeril and Norco which has not hel; The study requested is 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

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient states he is less and less able to perform activities of daily living. &#x0D; Patient would like to try injection therapy as alternative and MRI is required to do so.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approximately 10-15 years ago; There has been treatment or conservative therapy.; pain, swelling, tenderness, stiffness; Patient reported to clinic that he has previously tried Chiropractic treatment and Physical Therapy 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</p> <p>Pt has increased pain to her lumbar spine. She has degenerative change facet joints and disc narrowing lower two levels greatest at L/5-S/1.; 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 is hardly unable to sit or stand by herself due to her increased back problems. pt requires assistance with sitting, standing and 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.</p>	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>pt has tried medication with no relief. Has developed numbness down rt leg; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is having numbness down rt 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.</p>	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Received call from chiropractor, states he said Rachel in the office and feels she needs MRI . States she is experiencing UI and has flattened thoracic disc and loradosis.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>RIGHT LEG PAIN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p> <p>suspected rotator cuff tear and DJD progression; This study is being 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.; increase pain and limited range of motion; ice x3 &#x0D; stretching/therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The patient complains of pain in lower back and legs for last several years. Reports onset of pain as sporadic since April 2017. The pain has progressively gotten worse over time and is not being controlled with rest, activity modification and medication(; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.</p>	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Unknown	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Unknown	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Mr. Williams is a 59-year-old African-American male who was referred to me for further evaluation of newly diagnosed rectal cancer. The patient reports he recently developed hemorrhoidal pain as well as bright red blood per rectum. He underwent a colono; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/15/2017; There has been treatment or conservative therapy.; PAIN, NUMBNESS IN HANDS & FOREARMS, LIMITED ROM; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Unknown	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.</p> <p>Patient is having R shoulder pain. He has had an injury about 10 years ago. Xray was negative.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>suspected rotator cuff tear and DJD progression; This study is being 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.; increase pain and limited range of motion; ice x3 &#xOD; stretching/therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has had left shoulder pain for 11 days with Crepitation, popping and numbness, pt states that the lateral aspect of her arm all the way down into 5th digit is completely numb, NSAID's do not help</p>	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Abnormal X Ray left Shoulder series, 2 views. Findings: No acute fractures or dislocation deformity. Minimal degenerative changes are present. Corelation with an MRI is recommended.ruling out a torn Rotator cuff.</p>	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	1

Unknown	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Unknown	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient is overweight and her job has her bending and standing for long periods of time causing knee pain. She has also been dx with diabetes.; 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 < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain. < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. ; This study is being ordered for trauma or injury.; 8/19/2017; There has been treatment or conservative therapy.; 1- right knee pain "with a knot" since MVC Aug 19. Pt reports that it hit the dash. Reports that pain is worse after being up on it after working.  Denies new injury.  2- c/o soreness to left chest- this symptom is also since wreck in August. States t; Nonsteroidal anti-Inflammatory drug Muscle relaxant; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Left knee: He exhibits swelling, effusion and abnormal meniscus. Tenderness found. Medial joint line tenderness noted. Obtain MRI of left knee given joint instability and persistent pain despite NSAID therapy and bracing.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; 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	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt has mild diffuse bony demineralization of the left foot.; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were abnormal.	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt just recently injured her left knee and needs an MRI asap so we can see what's going on with it.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	restaging after chemo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Unknown	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ultrasound done 2 months prior to oct hemangioma / need another ct revalue abd pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Please set up dedicated renal CT without and with IV contrast as suggested on CT abdomen without contrast, low density lesion in the upper pole left kidney, incompletely characterized, 8 mm low-density lesion in the posterior segment of the right hepatic ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PT IS HAVING PAIN IN LOWER ABDOMEN AND TESTICULAR PAIN. PT STATES HE HAS BEEN LIFTING HEAVY OBJECTS. PT HAS TENDERNESS OF SUPRAPUBIC & RLQ. PT IS TAKING TRAMADOL FOR PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has a strong history of prostate cancer in his family and patient has a history of testicular cancer.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is 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

Unknown	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	Patient has RUQ abdominal pain. He has had a laparoscopic cholecystectomy in 2014; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Unknown	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Unknown	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast. < Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CHEST PAIN; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. has been having problems lately with DOE and tacycardia on exertion, has a history of post op afib but is now off the amidarone. He doesn't know if this is atrial fibrillation or now. It is relieved with rest. When it happens it is severe in intensity, ; 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
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Left upper quadrant pain that radiates to to lower chest and back with Nausea, feeling clammy, fatigue, had Abnormal EKG.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	malignant thyroid tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mr Smith is a 52 year old male referred from Pillow Clinic for chest pain. He has a family history of premature CAD, HTN, HLD and is a smoker. His chest pain started a few years ago. It is getting worse. He has numbness in his right arm. It feels heavy. I; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	No pulmonary embolism. 2. Small right-sided pleural effusion with mild subpleural atelectasis in each lower lobe; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	we are greater then 90 minutes away from facility with stress echo abnormal EKG , palpitations , dizziness chest pain; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	We are unable to perform a non-nuclear treadmill test secondary to a markedly abnormal EKG.   1. 2 WK F/U  The symptoms began 2 weeks ago and generally lasts varies. The symptoms are reported as being moderate. The symptoms occur constantly. The loc; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Unknown	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	1
Unknown	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.	1
Unknown	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.	1
Unknown	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Urology	Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		previous imaging shows jaw lesion.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	70450 CT BRAIN, HEAD		previous imaging shows jaw lesion.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Elevated prolactin levels (72.10) and headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Urology	Approval	71250 CT CHEST, THORAX			2
Urology	Approval	71250 CT CHEST, THORAX		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	71250 CT CHEST, THORAX		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2

Urology	Approval	71250 CT CHEST, THORAX	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Urology	Approval	71250 CT CHEST, THORAX	newly dx in sept of urothelia carcinoma with cystectomy in sept and we need restaging with ct chest abd pelvis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2
Urology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; 'None of the above' are 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
Urology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2
Urology	Approval	71250 CT CHEST, THORAX	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
Urology	Approval	71250 CT CHEST, THORAX	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	71250 CT CHEST, THORAX	PROSTATE CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	71250 CT CHEST, THORAX	Restaging during ongoing therapy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	71250 CT CHEST, THORAX	The patient has a history of adenocarcinoma of the left kidney. She underwent a left nephrectomy on 10/20/2015. Scans are ordered for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 CT CHEST, THORAX	The patient has a renal mass measuring 3.6 centimeters that was found on previous imaging. Mass is highly suspicious for renal cell carcinoma. Scan is being ordered for further investigation and staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 CT CHEST, THORAX	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	71250 CT CHEST, THORAX	This is a request for a Thorax (Chest) CT.; '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 study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1

Urology	Approval	71250 CT CHEST, THORAX 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ultrasound suggest highly suspicious 8cm left renal mass. there is a mass on the left kidney up to 13cm.. highly suspicious for renal cell carcinoma  family hx of renal mass in his brother.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	; The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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.";	2
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT experiencing swelling in his penis and scrotum that starts in his pelvic area.; 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.";	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	PATIENT HAS DISTAL URETERAL STONES; 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.";	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Roughly 10 x 13 x 15 cm solid extratesticular mass within the midline scrotum. Differential diagnosis would include a large hernia containing mesenteric fat. Extratesticular scrotal neoplasm would be a much less likely diagnosis statistically. The lesi; 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.";	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	testicular swelling; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study.";	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT The patient has a known distal ureteral stone that is not visible on KUB. Scan being done to see if stone has passed; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	The patient has a known distal ureteral stone. Patient is unsure if he has passed it and it cannot be visualized on abdominal xray. Scan is being done to locate stone; The patient has painful hematuria.; The patient has had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	ULTRASOUND NON DIAGNOSTIC; 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
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	unknown; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; elevated PSA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	Flucuating psa; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	patient needs a MRI of the abdomen and MRI of the pelvis due to renal mass and hematuria. need to evaluate mass and evaluate for stone. patient unable to have contrast CT due to anaphylactic reaction to the iodine needed for a contrast study.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	30
Urology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There 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

Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	one year follow up after surgery; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for staging of a known tumor (not) prostate, known prostate CA with PSA>10, abdominal mass, retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	29
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	3
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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	9
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; This is a request for an abdomen-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 ketones.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; 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 ketones.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; This is a request for an abdomen-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 ketones.; Yes this is a request for a Diagnostic CT	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Calculus of kidney; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	chronic left flank pain, previous imaging shows multifocal renal stones measuring up to 11-12 mm. Concern for obstructing stone disease of upper collecting system.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	CT guided biopsy of an atypical renal mass was done on 10/19/17. It is believed to be a complex post hemorrhagic cyst. Will need to be monitored.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	FLANK PAIN AND KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	hemoglobin, hemocrite; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Joseph R Baillargeon is a 64 y.o. male referred by Cannaday, Jerry, DO for evaluation of elevated psa.  PSA 5.9 on 11/9/17. Has never been elevated before. Reports psa 2.5 years ago was 3.0 His father died of prostate cancer at age 76.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 CT ABD & PELVIS W/O CONTRAST	KIDNEY STONES AND FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	KIDNEY STONES AND HYDRONEPHROSIS; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	newly dx in sept of urothelia carcinoma with cystectomy in sept and we need restaging with ct chest abd pelvis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has know diagnosis of kidney stones in left kidney. Prior imaging of x-ray KUB confirmed diagnosis. Patient has worsening 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient seen in clinic 10/30/17 for hematuria, UA showed small blood, she is having abdominal pain and does have a history of stones. Looking for underlying cause of blood in urine.; 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

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient seen in clinic for history of kidney stones and having bilateral throbbing flank pain and back pain. Patient reports that KUB done last month was negative for stones. during the last 7-8 months he wakes at night due to the throbbing 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.; 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 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	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Possible kidney stone.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt has history of kidney stones/flank pain and blood in urine..needs ct to evaluate; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 CT ABD & PELVIS W/O CONTRAST	PT IS HAVING LLQ PAIN WITH SWOLLEN TESTICLES WHICH IS DIAGNOIS WITH epididymitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RENAL MASS; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging during ongoing therapy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	size 2.5 x 2.4 x 2.1cm solid mass in the abdominal and patient also has history of enal cancer. Patient is complaining of Abdominal pain which is severe. Also found to have a vesicovaginal fistula; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient has a history of adenocarcinoma of the left kidney. She underwent a left nephrectomy on 10/20/2015. Scans are ordered for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient has a known left renal stone. She had a KUB yesterday that shows the stone has possibly moved into the ureter. Scan is being done to verify; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient has a renal mass measuring 3.6 centimeters that was found on previous imaging. Mass is highly suspicious for renal cell carcinoma. Scan is being ordered for further investigation and staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient is c/o dysuria, frequency of urination and urgency. She is having right sided back pain. She had an abdominal xray that showed a possible 9 mm renal stone. Scan is being ordered to confirm; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient was dx with renal cancer in August 2017. He underwent right nephrectomy at that time and has not had any scans to stage the cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	18
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; 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 results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	65
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	10
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	7
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	8
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	6
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	6
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	12
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	37
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; 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	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	8
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The 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.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	32
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	2

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ABDOMINAL PAIN; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; HYDRONEPHROSIS AND RECURRENT UTI; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has urinary tract infection with increased frequency and nocturia; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PROSTATIC CYST; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; RECURRENT UTI; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	61
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	14
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; ; Yes this is a request for a Diagnostic CT	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; It is not known if there is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; It is not known if there are physical findings or lab results indicating an intra-abdominal bleed.; Trauma; THIS PATIENT HAS HAD MULTIPLE UA'S THAT SHOWED MICROSCOPIC HEMATURIA. WE NEED A CT TO EVALUATE WHERE THIS BLOOD IS COMING FROM.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested 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	4
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was 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 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	8
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	3
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This 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	185
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	to check on a renal cyst.; 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.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ultrasound suggest highly suspicious 8cm left renal mass. there is a mass on the left kidney up to 13cm.. highly suspicious for renal cell carcinoma  family hx of renal mass in his brother.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Urinary tract infection, MEDS have not helped.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74181 MRI ABDOMEN	< 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.; The patient has a renal cyst.	1

Urology	Approval	74181 MRI ABDOMEN	patient needs a MRI of the abdomen and MRI of the pelvis due to renal mass and hematuria. need to evaluate mass and evaluate for stone. patient unable to have contrast CT due to anaphylactic reaction to the iodine needed for a contrast study.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has painful hematuria.; The patient has not had an IVP.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the patient is presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; There is a 1.7 cm low-density focus at the mid right kidney which may represent solid mass or complex cyst. There is also suggestion of a slightly complex cyst at the lower right kidney. Again MRI would likely be most helpful in further evaluation There	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the patient is presenting new symptoms.; The patient has had 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed more than 6 months ago.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Malignant neoplasm of unspecified kidney, except renal pelvis  MRI six months for hx rcc   12.1 x 5.8 cm. Approximate 1.3 cm left lower pole hypoechoic lesion  probably represents a cyst.	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; No info given.	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; noted CT evidence of right adrenal hypertrophy	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	3
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1

Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" pain. 9mm kidney cyst ,	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" renal mass noted on CT and needs f/u with MRI.	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" The patient has microscopic hematuria. She had a noncontrasted CT scan that showed multiple renal masses. MRI is being ordered to better classify these masses	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" It is not known if the patient had and abdominal ultrasound, CT or MR study.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;" 1 cm mass posterior to the left kidney in the perinephric fat	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;" indeterminate, isoenhancing 2.3 cm hepatic mass which is partially exophytic along the inferior hepatic tip. Contrast-enhanced MRI is recommended for more definitive characterization.	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;" Renal mass: 4x3cm complex cyst in medial right kidney; seen as renal cyst on MRI on 10/17/2016 shows Simple cysts both kidneys,    --Renal cyst; proteinaceous cyst inferior pole left kidney. Needs F/u per radiologist recommendation.	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	1
Urology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1

Urology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; 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.	1
Urology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
Urology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	2
Urology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.	1
Urology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	KIDNEY CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3

Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT Patient has renal cell carcinoma; has a renal lesion; neck mass and thyroid nodule; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	The patient has a history of testicular cancer. He underwent right orchiectomy and radiation therapy. Scan is being done for routine metastatic surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	The patient was dx with renal cancer in August 2017. He underwent right nephrectomy at that time and has not had any scans to stage the cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	uti, hematuria.; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Urology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Blastic Change At L4 and right iliac crest. Suspicious metastasis. Enlargement of Median Lob.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Elevated psa, abnormal DRE exam.; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	ABDOMINAL PAIN AND UTI; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	KIDNEY STONES AND PAIN IN PELVIS; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	1 1-2 cm enhancing renal mass and bilateral nephrolithiasis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	LACERATION OF KIDNEY; 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 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Monitoring 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS A RECURRENT KIDNEY STONE; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has renal cell carcinoma; has a renal lesion; neck mass and thyroid nodule; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING LEFT FLANK PAIN DUE TO KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	SCROTAL PAIN; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has a history of testicular cancer. He underwent right orchiectomy and radiation therapy. Scan is being done for routine metastatic surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is complaining of urinary urgency and urinary frequency; 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	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	3
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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	6

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	8
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	12
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	3
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	1
Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.	4
Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.	1

Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Artery stenosis; Anti plateletis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Vascular Surgery	Approval	71250 CT CHEST, THORAX 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2017; There has been treatment or conservative therapy.; Pt has a palpable mass.; Pt has had a biopsy and has had anti inflammatory.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	He is s/p thoracic stent repair. He has a aneurysm that needs to be evaluated for surgical options.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	Pt with symptoms consistent with upper extremity claudication and vascular insufficiency. Her ABI evaluation today shows normal pressures at the wrist on the right and greatly diminished (0,68) on the left. Will obtain CTA of the chest for evaluation of t; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	unknown; This study is being 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
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST	unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1
Vascular Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	He is s/p thoracic stent repair. He has a aneurysm that needs to be evaluated for surgical options.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST	This is a request for CT Angiography of the Abdomen and Pelvis.	8

Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONT RAST		unknown; This study is being 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
Vascular Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT RAST		Yes, this is a request for CT Angiography of the abdomen. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2017; There has been treatment or conservative therapy.; Pt has a palpable mass.; Pt has had a biopsy and has had anti inflammatory.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST			1
Vascular Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		Yes, this is a request for CT Angiography of the abdominal arteries.	8
Vascular Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.; The patient has a cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); It has not been greater than 2 years since the surgery/procedure or last cardiac imaging < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Artery stenosis; Anti plateletis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST	Radiology Services Denied Not Medically Necessary		1